# HEALTH SERVICES & FACILITIES MASTER PLAN

# SEPTEMBER 2004

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Volume 2 of 3

Elder Needs Assessment Appendices

Volume 3 of 3

RURAL BEHAVIORAL HEALTH NEEDS ASSESSMENT, INTERIM REPORT

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# HEALTH SERVICES & FACILITIES MASTER PLAN

# SEPTEMBER 2004

## ALASKA HEALTH SERVICES AND FACILITIES MASTER PLAN

# Volume 2 of 3

## ELDER NEEDS ASSESSMENT, INTERIM REPORT

#### **APPENDICES**

Appendix A: Guidelines for Developing Indian Health Service Area

Health Services and Facilities Master Plan

Appendix B: Alaska Native Statewide Health Plan 2002-2010

Appendix C: Alaska Native Tribal Health Consortium Strategy Map,

Themes, Perspectives, & Objectives

Appendix D: Bristol Bay Strategic Health Plan

Appendix E: Norton Sound Health Corporation Vision Navigation Plan

Appendix F: SouthEast Alaska Regional Health Consortium

Appendix G: Southcentral Foundation Strategic Plan

Appendix H: Tanana Chiefs Conference Strategic Plan (partial)

Appendix I: Alaska Tribal Health System Map

# ALASKA HEALTH SERVICES AND FACILITIES MASTER PLAN Volume 3 of 3

RURAL BEHAVIORAL HEALTH NEEDS ASSESSMENT, INTERIM REPORT

### **BACKGROUND**

#### The purpose of the

HEALTH SERVICES AND FACILITIES MASTER PLAN FOR ALASKA (HSFMP) is to document the total unmet need for health care services and facilities for American Indians and Alaskan Natives (AI/AN), and to ultimately assist in the development of a revised Health Facilities Construction Priority System (HFCPS) methodology.

Congressional language accompanying the fiscal year 2000 Interior Appropriations Act directed the I H S to work closely with Tribes to make needed revisions to the existing health facilities construction priority system.

Subsequently, the Facilities Appropriation Advisory Board (FAAB) Needs Assessment Workgroup recommended that the revised HSFMP require each I H S Area to develop a HSFMP that includes all health service areas and facilities for eligibility for the proposed health facilities construction priority list.

#### **PROCESS**

This document is a compilation of the efforts of each of the Tribal organizations to document their service delivery needs. The process was introduced and then reviewed at each of the ANHB/ Association of Tribal Health Directors' meetings in 2003 and 2004. Information provided by the DEHE regional engineers through their interviews with each tribal organization also supported this effort. The draft plan will be presented to I H S as well as to the Tribal Health Directors for their review during August 2004.

Participants in this process were members of:

The Health Service and Facility Master Plan Workgroup

Association of Tribal Health Directors

Alaska Facilities Advisory Committee

Alaska Tribal Health Consortium, Board of Directors

Medical Services Networking Committee

Individual Tribal Health Directors, Clinic Directors and Managers

#### **GOALS**

#### The goals of this plan are:

- To document the service delivery plan of each of the tribal organizations
- To provide information and background resources for individual organizations to use when coordinating with other alternative funding sources.
- To support the Health Facilities Goal E-3 and objective of the Alaska Native Statewide Health Plan 2000-2010

"Ensure the availability of adequate health facility infrastructure to meet and support the expanding health care delivery system needs

Objective: to determine the overall unmet need for health facility space"

#### RURAL ALASKA HEALTH SYSTEM- GEOGRAPHY AND ACCESS

Alaska is the largest state, encompassing an area about one-fifth of the total landmass of the contiguous United States. The state is 1400 miles long and 2700 miles wide. Within this 571,951 square miles of land exists all of the terrain features present anywhere else in the country. Alaska has deserts, plains, swamps, forests, glaciers, ice fields, fjords, river systems, volcanoes, thousands of islands and six major mountain ranges. With two oceans and three major seas and more than 47,000 miles of coastline, Alaska has as many miles of seacoast as the combined Atlantic and Pacific seaboards. Enormous distances separate most communities in Alaska; Anchorage is 1,445 miles from Seattle, Washington, the nearest city by airline to the 48 states. Vast mountain ranges, stretches of tundra, glaciers, impassable river systems, and open waters separate communities within the state. The distance from many communities to the nearest medical facility is equivalent to the distance from New York to Chicago.

According to the Alaska Department of Transportation, Alaska has 13,323 miles of roads and 2229 ferry miles for a total of 15,552 miles.

Road system links are literally non-existent to more than 80% of the 200 Alaska Native communities. More than one-half of the population served through the Alaska Tribal Health System resides in these rural and remote locations.

Air transportation is, by necessity, the primary means of travel for health services in rural Alaska. Due to distance and weather, air travel is unreliable and expensive. To receive basic medical care, a patient may fly as many as 1,100 miles. Physicians or dentists may travel an equal distance to the community. Transportation, the cost of travel, and distance has the effect of making many health services inaccessible to the people unless it is essential.

To illustrate how uniquely rural Alaska is in comparison to the rest of the United States, the following is quoted from U.S. House Report 106-940 accompanying H.R. 4475, prepared in March 2001 by the Federal Aviation Administration (FAA). The title of the report is "Aviation Access to Remote Location in Alaska: recommendations to Increase Aviation Access to Medical Facilities".

"Alaska is so unlike the rest of the United States that most attempts to describe it to those who have never seen it often fall short of success. One of the startling characteristics to newcomers is its vastness. Alaska is larger than the combined area of the next three larger states (Texas, California, and Montana) or 21 of the smaller states. Alaska is 565 times larger than Rhode Island, the smallest state. For all its size, its population is less than 47 states (only Wyoming and Vermont have fewer people). Population density of about one person per square mile compared to more than 90 per square mile in the other 49 states. Alaska was a territory of the United States from 1867 until statehood in 1959, longer than any other state."



"Many areas of the northern rim of the lower 48 states experience harsh, sometimes arctic, weather. Only Alaska, however, is truly part of the arctic. One-fifth of its land area is north of the Arctic Circle and has little if any daylight for weeks, even months, each winter season."

"Communities in Alaska developed in much the same way as in the rest of the United States. Some were once seasonal hunting or fishing camps. Others developed along trade or migration routes. Many are along rivers or the coast. Some are located at the sites of former trading posts established in the 1800's. A few communities have existed for thousands of years. The Aleut villages are among the oldest places of habitation on this continent."

"There are 201 Alaska communities with a year round population greater than 20 that rely entirely on air transport to the nearest inpatient medical facilities. The average population is 318. There are airports at 176 of these communities. The 25 communities with no local airport or road access are either adjacent to or within a short distance from a community having an airport, or are accessible by floatplanes but without a seaplane base. The median distance to the nearest inpatient facility is 100 miles by air. Since the air ambulance services are not positioned in these communities, emergency medivac flights most often are round-trip to the community. The round trip flight distance is equivalent to citizens of Washington, D.C., flying one way to New York City or Pittsburg, but in a Cessna 207."

#### **POPULATION**

#### INTRODUCTION

There are nearly 120,000 Alaska Natives and American Indians (AN/AI) in Alaska, based on the 2000 census. Statewide, AN/AI's are expected to increase by 33% to 160,000 by 2015. For the past decade the Native population of Alaska has been experiencing a high rate of migration within the state. Village residents have been moving in significant numbers to the urban areas. Increasingly they are moving to new communities, adjacent to urban centers. Most of the population moving to the urban areas are young, working age adults, women in particular. Migration from rural to urban areas will result in significant increases in some areas. For example, the Anchorage area is expected to increase by 103% over the same time period. This will result in the Anchorage area comprising over 40% of the total state population of AN/AIs by 2015. When the Aleutians and Pribilof's are added to Anchorage area figures (the area for which Alaska Native Medical Center serves as the primary hospital), AN/AI population exceeds that of the remaining State.

In 2000 Census<sup>1</sup>, the makeup of the Alaska Natives/American Indians is as follows:

2000 Census	Alaska State	Anchorage Area	AA AN/AI % of AK
Single Race Plus	119,241	32,233	27%
Combination AN/AI			

#### POPULATION ASSUMPTIONS AND SCENARIOS

The census 2000 population was used as the base year to drive three population projections. The goal of the population projection scenarios was to get an understanding of what the AN/AI demographic of the Anchorage Area and the Alaska State would be in the future. The population forecast categories are Low, Medium, and High. For each of the scenarios, sets of varying assumptions were formulated as shown below. Death rates are the same in all scenarios.

#### High:

- High fertility rates (based on historic trend in Hispanic fertility rates)
- High migration rates (higher than 1990-2000)

#### Medium:

- Mid-range fertility rates
- Same migration rates as 1990-2000

<sup>&</sup>lt;sup>1</sup> In the 1990 Census, individuals could identify themselves as belonging to only one race. In 2000, the Census modified the option for individuals to identify themselves as one or more races. Another difference was that in 1990, The American Indian and Alaska Native categories were separated into American Indian, Eskimo and Aleut, but in the 2000 census, American Indians and Alaska Natives were able to write-in their tribal affiliation. With the latest versions, individuals are able to better define their respective racial ethnicity. For the purpose of this report, population analysis will use the "single race plus combination AN/AI" as the basis for population projection.

#### Low:

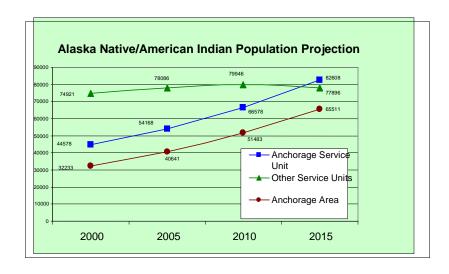
- Low fertility rates (based on historic trend in AN rates)
- Minimal migration

The Alaska Natives/American Indians population for 2000 was 119,241, while the Anchorage Area population was 32,233 (27% of Alaska). By 2015, the Anchorage Area's Al/AN population will be 27% of total Alaska State's AN/AI in the Low projection, 41% in the Medium projection and 44% in the High projection.

Population Scenarios (2015)	Alaska State	% Inc. From 2000 Census	Anchorage Area	% Inc. From 2000 Census	% of ANI/AN in AA
Low	151,724	27%	41,936	30%	44%
Medium	160,504	35%	65,511	103%	41%
High	171,592	44%	74,771	131%	27%

Of the three population category forecasts, the Medium was selected as the most reasonable. Below are charts and tables chart showing the selected forecast by area, gender and age group. As shown, the Anchorage Service Unit population is expected to exceed the population in the rest of the State by the year 2015.

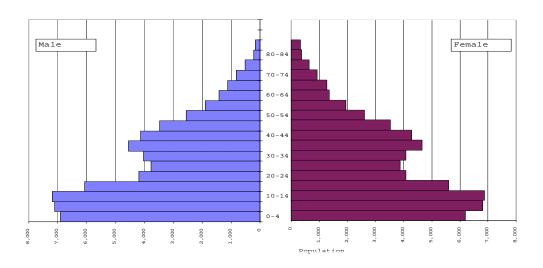
#### **Mid Range Projection**



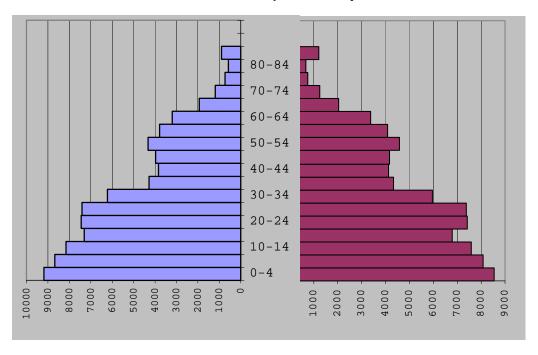
The Mid Range Projection by Area chart shows that the Anchorage Area will grow by 103% from 2000 – 2015, the Anchorage Service Unit by 85%, and Other Service Units will grow by 4%. Both the AA and ASU are projected to experience a tremendous growth while the Other Service Units show a "plateau" growth pattern. There appears to be a high in-migration to the areas in and around Anchorage.

The following graphs indicate the age and gender distribution of the Alaska Native/American Indian population, for the state as a whole, current and projected based on the 2000 census and a projection of the census data using State of Alaska Department of Labor growth factors.

State of Alaska AN/Al Census Population - 2000



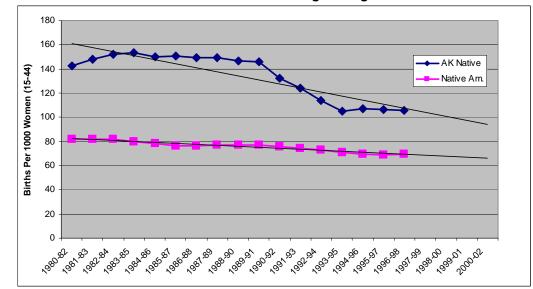
Alaska Population Projection: 2015



The elderly population is expected to increase substantially in the coming decade. This will be even more noticeable in the villages where working age adults tend to leave for the urban centers, taking their children with them. As the elderly continue to age and require more health care and other types of assistance, they, too, may need to move to communities where more services are available.

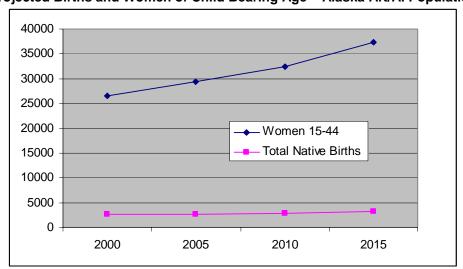
Although the young adult population is expected to increase significantly, children will not increase at the same rate. Fertility rates among Alaska Native women have been declining steadily since the '70s. While they still exceed the fertility rates for Native Americans as a whole, the rates are moving towards convergence.

Comparison of Fertility Rates for Alaska Native and American Indian Women Based on 3 Year Moving Averages



Projections based on the trend in fertility rates indicate that the number of births will be increasing less rapidly than the increase in the number of women of childbearing age.

Projected Births and Women of Child Bearing Age – Alaska AN/Al Population



#### **POPULATION SOURCES**

Three population figures are reported for each community within this Plan: the 2000 Census Count, the IHS 2002 User Population, and the HSP projected Population for 2015.

The 2000 Census Count figures are based on the "2000 Census Counts for Alaska Natives" report prepared by the Alaska Area Native Health Service Division of Planning, Evaluation and Health Statistics. The data includes all individuals who reported themselves to be American Indian or Alaska Native, alone or in combination with some other race, by Census Designated Place.

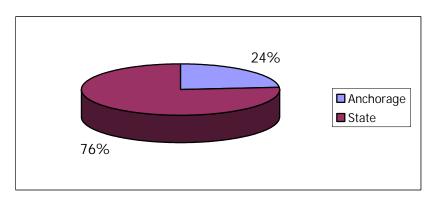
The 2002 User Population data was provided by the National Patient Information Reporting System for the fiscal year 2002. Active users are defined as beneficiaries who used a facility that reports into the IHS data system at least once between October 1, 1999 and September 30, 2002.

The user population figures for 2015 were calculated by the IHS Health Systems Planning (HSP) software, version 2003a.

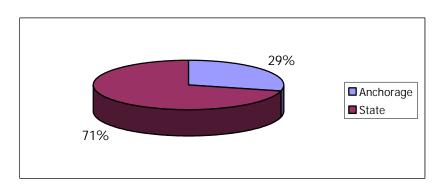
For the past decade, the Native population of Alaska has been experiencing a high rate of migration within the state. There is concern that the HSP population projections do not adequately address this factor. Village residents have been moving in significant numbers to the urban areas. Increasingly they are moving to new communities adjacent to urban centers, which are not even included in the HSP list of communities. The result is an over-count of village residents and an undercount of urban residents. The HSP also fails to take into account that most of the populations making the shift to the urban areas are young, working age adults, and women in particular. This results in a skewing of the demographic distribution.

An alternative population projection was prepared using data and projected annual growth rates prepared by the Alaska Department of Labor. These figures include all Alaska Natives and American Indians in the state, not just users of tribal facilities. The HSP projects a total of 143,467 users by 2015, while the alternative projection methodology projects a total of 160,504 Al/AN. More significantly, the HSP projects that 24% of the user population will live in the Anchorage area by 2015, while the alternative methodology indicates that 29% of all Al/AN will live the Anchorage area by that date (see the charts below). This means not only that over 40% of all Alaska Natives living in the State will reside in the Anchorage Area, but that over 25% of those who use IHS health care will be living there as well. The Anchorage area is defined as the Anchorage and Matanuska-Susitna Boroughs. The Mat-Su Borough is not technically an urban area but it is the destination of many rural residents who want access to the job market and other advantages of Anchorage while still living in a semi rural setting.

## Projected Alaska AN/Al Anchorage/State User Population Distribution: 2015



### Projected AN/AI Anchorage/State Census Based Distribution: 2015



#### **ALASKA TRIBAL HEALTH SYSTEM**

The Alaska Tribal Health System is composed of hospitals, health centers, clinics, and numerous community based programs. In addition to 178 tribally operated village clinics with over 530 Community Health Aides delivering health care to Alaska Natives, there are seven tribally operated hospitals and twenty-one tribally operated health centers in Alaska.

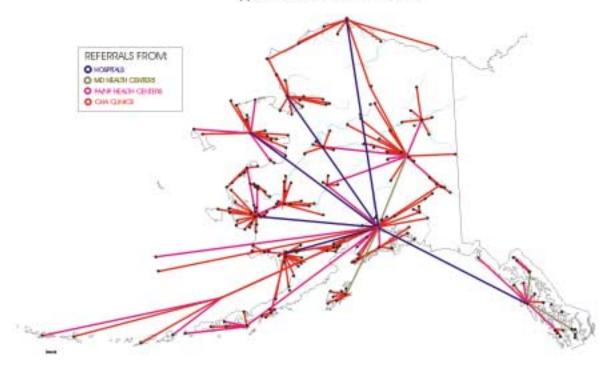
The tribal health entities range from organizations representing 6-7 tribes and serving about 2,000 beneficiaries to those that represent as many as 50 tribes, serving about 20,000 beneficiaries.

The development of this system is highlighted by the following events:

1955 – 1970	All Alaska Native Health Services provided by the Indian Health Service
1968	Alaska Native Health Board organized
1972 – 1974	Alaska Federation of Natives develops Health Right program
1976	Passage of Indian Self-Determination and Education Assistance Act
1976 – 1994	Growth of regional non-profit organizations / health corporations
1994	Approval of the Alaska Tribal Health Compact
1995 – 1997	Planning for Consortium structure, with development facilitated by ANHB
June 1997	New Alaska Native Medical Center opens
September 1997	Congress passes Sec. 325 /P.L. 105-83
	<ul> <li>Statutory requirements for the Consortium</li> </ul>
	Waiver of Tribal resolution requirement
	Defined Southcentral Foundation role in ANMC primary care
December 1997	New Alaska Native Tribal Health Consortium "ANTHC" organized under IRS 501© (3): 15 member board established
February 1998	I H S contract proposal submitted by ANTHC
October 1998	ANTHC becomes Title III Self-Governance Compactor (co-signer of Alaska Tribal Health Compact)
January 1999	ANTHC becomes the largest P.L. 93-638 non-profit organization in the United States
Spring 2000	ANTHC outlines 2000-2005 long-range strategic plan with eight goals
Spring 2001	Work with ANHB on development of a statewide strategic health plan
Winter 2002	ANTHC Board reviews/revises 2005 Strategic Plan
Spring 2004	Alaska Tribal Health System Memorandum of Understanding signed

## THE ALASKA NATIVE HEALTH CARE SYSTEM

### Typical Referral Patterns



The system is organized into the following levels of care:

- Village-based services: Community Health Aide/Practitioner working in a village clinic
- Sub-regional Services (in some of the regions): Midlevel practitioner serving several villages
- Regional Services: Referral hospital or physician health center
- Statewide Services: Alaska Native Medical Center
- Contract Health Services: for private sector referrals

The service area is substantial, roughly one-fifth the size of the lower 48 states, with more than half of Alaska Natives living in small scattered communities with limited access to basic health services.

#### **DESCRIPTION OF SERVICES**

#### **Community Health Aides/ Village Clinics**

The principal provider of health services at the village level is the community health aide (CHA). Chosen by the village council, the CHA is responsible for giving first aid in emergencies, examining the ill, reporting their symptoms to the physician, carrying out the treatment recommended, instructing the family in giving nursing

care and conducting health education in the villages. Community Health Aide/Practitioners (CHA/Ps) providing primary health care and preventive health services in the villages. About 90% of the villages served by CHA/Ps are accessible only by small engine aircraft. CHA/Ps respond to medical emergencies 24 hours a day in addition to working standard clinic hours. They store and can dispense prescription drugs, with telephone physician instructions.

#### **Subregional Services**

The subregional clinic is often designated as a "hub" community, where a more comprehensive level of care can be accessed by several communities within that area. This brings the health care services nearer to the villages where they are most needed. It greatly reduces expenses such as plane fares and maximizes timely treatment. Mid-level providers provide comprehensive acute and chronic care. In addition to exam rooms and support spaces, clinics typically have urgent care rooms, radiology, procedure room, and dental stations.

#### **Regional Services**

There are six regional referral hospitals located in Barrow, Kotzebue, Nome, Bethel, Dillingham, and Sitka. These referral centers, providing a broad spectrum of inpatient and outpatient clinical services, are the essential providers of preventive services and primary care, as well as being links to emergency care and transport. They serve the entire age spectrum of the population. Primarily licensed staff provides patient services and patient care. Patient support is provide by a variety of individuals and departments, which may not have direct contact with patients, but who support the care provided by the hands on care providers.

#### **Statewide Services**

(ANMC/TSMS)

The <u>Tertiary and Specialty Medical Services</u> division of the Alaska Tribal Health System (ATHS) provides statewide tertiary and specialty medical services as part of a seamless health care delivery system. In Anchorage, ANTHC jointly manages the Alaska Native Medical Center (ANMC) with Southcentral Foundation (SCF). ANMC/TSMS is the ANTHC portion of services provided within a 150-bed acute tertiary specialty referral hospital. Southcentral Foundation manages the Primary Care Center portion of ANMC, and provides primary care services for Alaska Native and American Indians in the Anchorage service area. Beyond the Anchorage service area, TSMS collaborates with Tribal partners that independently operate six rural hospitals and 178 village clinics, providing care through on-site field clinics, consultation and referral planning, and joint patient management via telemedicine technology. Services include medicine (cardiology, internal medicine, oncology, neurology, dermatology, gastroenterology, and pediatrics); surgery (general surgery, orthopedics, otolaryngology, ophthalmology, urology, and neurosurgery), adult and pediatric intensive care, high-risk OB and perinatology, and the state's only Level II trauma center, supported by an air ambulance. Also a teaching hospital, ANMC offers postgraduate education in medicine, surgery, and pharmacy. TSMS clinical services are limited to Alaska Natives and American Indian beneficiaries, except under unusual circumstances.

#### **Contract Health Services**

Tribal health programs purchase services for Native patients from private care sources. Physician, dentist, optometrist, hospital and pharmacy are some of the patient services. These services are necessary in areas where directly or tribally operated I H S facilities or services are not readily available. The Alaska Native Medical center often uses contract health care funds for consulting specialists and for providing specialized care such as cardiac or transplant surgery.

#### **ALASKA NATIVE TRIBAL HEALTH CONSORTIUM**

The Alaska Native Tribal Health Consortium (ANTHC) was formed in December 1997 when statewide health programs and services that were part of the Indian Health Service were transferred from federal ownership and control to a new set of owners/customers, the tribes of Alaska. Through their tribal governments and regional nonprofit organizations, all Alaska Natives own the Consortium. The transfer marked a paradigm shift in thinking about Native Health Services as visionary tribal leaders set a bold new direction: a "unified Native health system" that achieves "the highest health status in the world" for Alaska Native people. Since 1998 they have laid the foundation for ANTHC by identifying major core businesses of operation:

Alaska Native training and development

Native health and sanitation facility development

Tertiary and specialty medical services

Health system statewide network support

Community and environmental health services

In achieving the ANTHC Vision for the "highest health status in the world," the Mission and Strategic Themes highlighted in the accompanying figure provide a clear focus and direction for the Core Businesses toward the success for this bold, long-term outcome.

ANTHC is a consortium of Alaska Native tribal governments and their regional health organizations. These Consortium affiliates are independent with their own governance structures, financial and administrative operations and health programs. Each regional health organization has a board made up of representatives from each tribe. These boards select representatives to serve on ANTHC's 15 member Board of Directors, to bring local Alaska Native needs and values into a system that reflects a unique customer/owner relationship in setting direction for ANTHC. The Board also includes two at-large members representing unaffiliated tribes.



**Mission, Vision, Values, and Culture** The Board of Directors created the Mission, Vision, and Values statements with input from tribal leaders and management, and periodically revisits and reaffirms these statements.

#### Mission Vision and Values

	Wilsoldi, Visioli, and Values
Mission	To provide the highest quality health services for all Alaska Natives.
	Services for all Alaska Natives.
Vision	A unified Native health system, working with our people, achieving the highest
	health status in the world.
Core	Self-determination
Values	Always learning and improving
	Relations based on trust
	Respect for cultural diversity
	Care and compassion
	Honesty and integrity
	Wellness in body, mind and spirit

Cultural competency, Native empowerment, and performance excellence are hallmarks of ANTHC's organizational culture. The transition from a federal Indian Health Service operation to Native ownership has profoundly affected ANTHC's culture. As the beneficiaries of the system are now the customers/owners through self-governance, this self-determination allows for setting priorities and designing a health care system matching Native values, needs, and preferences.

#### **HEALTH STATUS AND SYSTEM CHALLENGES**

The Alaska Natives and American Indian population served by this complex and far reaching health system are faced with several challenges in the area of health status.

Monitoring of and focusing on key indicators of health status assists the system in guiding its progress toward its vision of "A unified Native health system, working with our people, achieving the highest health status in the world".

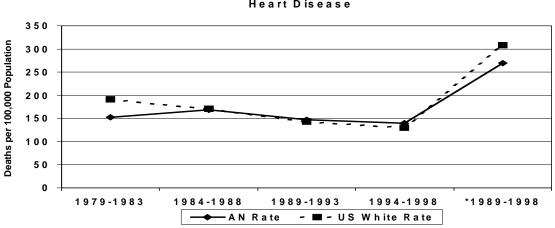
The leading causes of death for Alaskan Natives include:

- · Heart Disease
- Unintentional injuries
- Suicide
- Cancer
- Water transport/drowning

Gauging statistics on each of these causes gives clarity as to how well the system as a whole is improving and progressing toward a higher health status.

#### ANTHC Performance Indicator Report

 Indicator Statement: Age-adjusted heart disease mortality compared over time to the U.S. White mortality, per 100,000 age-adjusted population

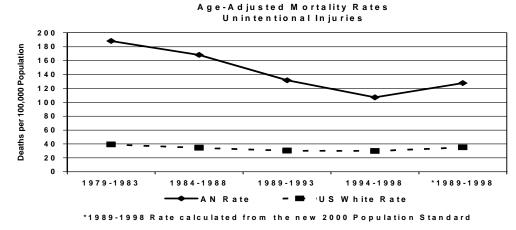


Age-Adjusted Mortality Rates Heart Disease

- \* 1989-1998 Rate calculated from the new 2000 Population Standard
- 2. Indicator Results Analysis: Past analysis shows a stable mortality rate from atherosclerotic heart disease over the observation interval, approximately the same as the U.S. White rate.
- Recommended Action: Continued programmatic activities aimed at risk factor reduction, including diet, exercise, tobacco cessation, early detection and treatment of diabetes and hypertension.

#### **ANTHC Performance Indicator Report**

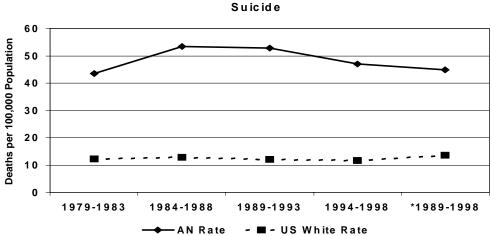
 Indicator Statement: Age-adjusted unintentional injury mortality for Alaska Natives, compared to U.S. White rates, per 100,000 over the interval 1979-98.



- Indicator Results Analysis: Past analysis shows that mortality from injuries, not including suicide and homicide, has steadily declined over the observation period, more than the U.S. White rate.
- 3. Recommended Action: Continued monitoring of this indicator to document further improvement.

#### **ANTHC Performance Indicator Report**

Indicator Statement: Age-adjusted suicide mortality per 100,000 Alaska Natives.



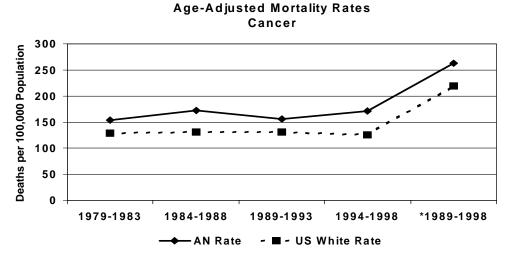
## Age-Adjusted Mortality Rates

\*1989-1998 Rate calculated from the new 2000 Population Standard

- Indicator Results Analysis: Past analysis has shown that Alaska Native suicide mortality is far higher than the U.S. White rate. Both rates are essentially unchanged throughout the observation interval.
- 3. Recommended Action: Improvement will require aggressive programmatic innovation aimed at improving identification of at-risk families, children and youth, with improvement in education and economic opportunity.

#### **ANTHC Performance Indicator Report**

1. Indicator Statement: The rate age-adjusted per 100,000 Alaska Natives, of death from all invasive cancer, compared to U.S. White population, over 1979-98 time period.



\*1989-1998 Rate calculated from the new 2000 Population Standard

- Indicator Analysis: New data is not available for this reporting period. Past analysis has shown that the cancer
  mortality for AN has remained stable over the interval, and is significantly greater than the U.S. White rate.
  The change in rates between 1994-1998, and the 1989-1998 intervals is due to recalculation of the 1989-1998 data
  using the 2000 census data, rather than the 1970 census data, used in the earlier intervals.
- 3. Recommended Action: Aggressive programmatic efforts at tobacco prevention/cessation, cancer screening and early detection, and state-of-the-art oncology programs.

Diabetes, heart disease and cancer were nearly unknown in the population during the 1950's but are common today. Cancer is now the leading cause of death among Alaska Natives. Behavioral health diagnoses are also common.

As Alaska Natives experience a birthrate 30% higher than that of the greater U.S. rate, and the life expectancy of Alaska Natives is extending, the number of frail elders in rural villages is increasing respectively. Villagers at both ends of the age spectrum are frequent users of clinic services. The younger ages require frequent visits for well childcare and immunizations as well as for care of ear infections, sore throats and respiratory illnesses. For the village elders, the added years of longevity bring high rates of chronic illness including diabetes, hypertension, heart disease, and cancer, as well as an increased need for home care during the final years of life.

From 1985 to 1998, the Eskimo population had a 110% increase in diabetes mellitus, compared to the 23% increase seen for the entire United States. This represents a 4.5 fold increase, over the national rate, in the occurrence of this one lifestyle-related disease among the Eskimo population.

Disparities in dental and behavioral health have been identified as top priorities in village health care. Aspects of dental and behavioral health services are already part of the primary care role of CHA/Ps. By necessity, emergency and acute care services take precedence over dental and behavioral health services. There is a tremendous need for an increase in these services in Alaska communities. Parallel programs for both dental and behavioral health workers utilizing the CHA model and infrastructure would assure an integrated approach to health care services in Alaska villages. The CHA model is a unique model of care delivery, which is effective, sustainable and culturally acceptable.

As well as being challenged in the effort to improve the health status of the beneficiary population, there are challenges that the system itself faces.

#### FINANCIAL PERSPECTIVE

Funding

The direct appropriation for native health care does not cover all of the costs Funding levels restrict certain services:

Adult dental care

Skilled nursing care

Rehabilitation, substance abuse treatment

High-cost, complex medical treatment

- High cost of medical technology and pharmaceuticals
- Substantially higher costs of providing services in small isolated rural communities
   Air travel and high freight costs

Costs of heating supplies and groceries are 50%+ higher than in Anchorage

#### ALASKA NATIVE PERSPECTIVE

Replacement of aging/inadequate hospitals and health centers

INTERNAL PROCESS PERSPECTIVE

• Maintaining operational efficiencies in a decentralized health system

#### **CURRENT PROGRAM INITIATIVES**

The following are system-wide program initiatives underway that are focused on improving the health status and access to care at the community level.

#### Dental Health Aide (DHA) Program

Through the Village Health Provider Training and Employment Project, a multi-tiered DHA program under the auspices of the statewide CHA/P Program, has been developed. Training for DHAs has been initiated at three levels:

Primary Dental Health Aides will operate out of village clinics under the general supervision of a dentist to provide education and prevention, topical fluoride applications, individual patient assessments, sealants, cleanings, dental radiographs, early referral of dental problems, and emergency dental care.

To date, 41 students from ASNA, BBAHC, Kenaitze, Maniilaq, Metlakatla, TCC and SCF have completed this training.

Expanded Function Dental Health Aides will operate out of village and sub-regional clinics under the direct supervision of a dentist to provide expanded dental assistant procedures such as cleanings and placing permanent and temporary filling materials

Six certified EFDHA completed this training in Jan 2004. 5 from TCC and one from ASNA These students are in the process of skill development

Dental Health Aide therapists are mid-level dental providers working from sub-regional clinics. In addition to providing oral health education, preventive measures, cleaning, x-ray, and exams, they will provide fillings and extractions.

This is a two-year training program located in New Zealand. Six students have finished first year and will return in December 2004 to practice. Six new students started first year in Feb.2004.

#### Behavioral Health Aide (BHA) Program

Behavioral health in village Alaska is focused on the emotional, physical, spiritual, family, social and cultural well-being and health of individual Alaska Natives, families and their communities. The

development of a dynamic, and needs-sensitive behavioral health program for the rural villages of Alaska has been desired for a number of years.

There is an Alaska-wide effort to establish a cadre of providers from rural villages who can be hired and trained to provide village based behavioral health services in a similar fashion as the Community Health Aide/Practitioner Program (CHA/P). Such a network of behavioral health providers will greatly enhance the overall health and well being of those they will service.

The training curriculum addresses the necessary knowledge base for services needed in rural village Alaska and is based on core competencies with clinical supervision training and practice.

BHA-I will generally have limited tools, systems, and models of behavioral health treatment to use with clients. They will have completed a 60 hour supervised clinical practicum in:

Establishing a counseling relationship and initial screening

Community based prevention

Early intervention

Case management and documentation

BHA II will be able to apply counseling knowledge, skills and attitudes with consistency and
effectiveness in a variety of counseling interactions. They will have completed an 80 hour
supervised clinical practicum in:

Counseling (individual, group and significant other)

Assessment (bio-psycho-social, DSM, and ASAM)

Consultation and case coordination with related documentation

- BHA III will be able to apply counseling knowledge, skills and attitudes with consistency and
  effectiveness in a variety of counseling interactions They will have completed an additional 80
  hour supervised clinical practicum in providing treatment services within an outpatient or
  intensive outpatient or residential treatment services setting with related services
  documentation.
- BHA IV will be able to conceptualize and incorporate behavioral health services across a
  broad range of disciplines, and demonstrates the greatest level of skill. They will have
  completed an additional 80-hour supervised clinical practicum in providing advanced
  treatment services within an outpatient or intensive outpatient or residential treatment services
  setting with related services documentation.

Status: This program has been coordinated with the State of Alaska, Behavioral Health Program. 50 BHA positions have been funded.

#### Telehealth

Advancements in telecommunications infrastructure and telehealth technologies within Alaska are beginning to have an impact on access to primary, prevention and emergency care. Telehealth is being applied in a variety of rural settings within Alaska. Telehealth involves the use of telecommunications to facilitate health care in situations where the patient and the provider or the general practitioner and the specialist are separated by distance. Telehealth applications include clinical consultations, tele-radiology, tele-dermatology, tele-home health care, tele-psychiartry, and an array of other technologies. Telehealth provides a simulative and supportive environment for health care workers, and enhances communication and professional relationships between providers.

Beginning in 1999, the Alaska Telehealth Advisory Council (ATAC) provides a framework for organizations interested in telehealth to work on common issues and problems. Meeting at least quarterly, they have established the following priorities (2004 – 2010) for statewide telehealth development:

• Implementing the open access plan: networks allowing providers access to each other as necessary for medical services

- Deployment of telehealth capacity to more sites:
  - o Community Health Centers
  - o Small rural community hospitals
  - o Complete teleradiology plan rollout
  - o Private sector physicians
- Improving capacity for telehealth skills training for providers, especially through distance learning methods
- Improving the capacity of rural providers to enroll and bill for telehealth services for sustainability
- Provide a robust comprehensive telepsychiatry program statewide
- Enhance capacity for exchanging health data through telehealth systems
- Provide broadband 2-way video-teleconferencing services for patient care, provider and patient education statewide
- Annual Alaska Area Diabetes Conference: This conference is attended by ~ 200-300 people throughout
  the state who provide health care to Alaska Native people. The conference is considered one of the best
  comprehensive conferences in the American Indian/Alaska Native health care arena. It provides high-level
  education on diabetes issues with a focus on Alaska Native people. It brings current research information
  on disease prevention to the rural areas of Alaska.
- CHA/P Diabetes Update, a quarterly newsletter for Community Health Aide Practitioners, has a strong focus on prevention. The goal of this newsletter is to further the CHA/Ps understanding of diabetes prevention and health care.

# Alaska Native Tribal Health Consortium (ANTHC) Special Diabetes Grant for Indians (SDPI)

#### **PRIMARY PREVENTION HEALTH ACTIVITIES**

The ANTHC SDPI offers prevention and education services statewide as a comprehensive outreach program offering service to all Alaska Native communities. The team is lead by a full-time Registered Dietician who coordinates program activities. The following list is a comprehensive but not all-inclusive outline of prevention programs offered through this service.

- The diabetes program has developed a three-credit college course offering comprehensive diabetes care and prevention education to Community Health Aides / Practitioners (CHA/Ps) throughout Alaska. The team travels to regional sites to provide CHA/P training. The course is also offered bi-annually at the Area Diabetes Program in Anchorage. The course focuses on helping CHA/Ps understand the importance of primary prevention in their villages. It also teaches skill to help provide advise to both their patients and to the community on prevention activities.
- In response to requests from regional diabetes programs, a 1-day community workshop on diabetes prevention and a 1-day community workshop on diabetes care is offered to smaller communities and grant programs who wish to learn more about diabetes prevention and care. Sites that have utilized these services include McGrath, Copper River, Yakutat, Metlakatla, Chugachmiut and Seldovia.
- The ANTHC Diabetes team works actively with the regional diabetes programs to increase the prevention awareness through health fairs, in-school programs, and educational programs around the state. The program has also developed interactive prevention displays and small activities for use at community health fairs. These programs have been conducted in small communities such as St. Paul, Cordova, Mentasta, Glenallen, Eklutan and Ninilchik.
- The ANTHC diabetes team has collaborated with the ANTHC Inform & Inspire Program to develop statewide health promotion posters. The program has increased diabetes prevention awareness throughout the state via newsprint, radio and television coverage of prevention activities. The program has also worked with the development and broadcasting of diabetes prevention radio and television public service announcements.
- Annual Alaska Area Diabetes Conference: This conference is attended by approximately 200-300 Alaska Native health care providers throughout the state.
- CHA/P Diabetes Update, a quarterly newsletter for Community Health Aide Practitioners, focuses strongly
  on prevention. The goal of this newsletter is to further the CHA/Ps' understanding of diabetes prevention
  and health care.

#### **Statewide Diabetes Prevention Activities**

Primary prevention activities aimed at increasing physical activity have included walking programs, increasing physical activity through Alaska Native dancing, school based physical activity programs and the acquisition of fitness equipment for community centers. One program, developed in a calendar format for small community programs, is modeled after the famous Iditarod Sled Dog Race. A program that has generated much attention both in Alaska and nationally is the Nome Summercize Program, a summer activity program for children promoting healthy lifestyles and food choices. The program is now offered throughout the Nome area and extended to other regional centers such as Dillingham.

Other primary prevention activities have focused on promoting healthy nutrition, especially Native food choices, through community health fairs, school based nutrition programs and weight management programs. Many unique and creative programs have been developed that recognize both Alaska Native heritage and lifestyle.

#### **PART 2: FACILITIES MASTER PLAN**

The IHS has just sent the draft revision to the Healthcare Facilities Construction Priority System (HFCPS) Methodology dated June 28, 2004, for tribal consultation. As part of this review, the IHS has asked for feedback on two specific evaluation criteria: 1) How should the HFCPS estimate required space? And 2) what should the HFCPS use as a health status/health resources indicator?

In addition, the IHS has changed several of the other evaluation criteria without updating their guidance for developing the Facilities Master Plan. As a result, this draft of the Facilities Master Plan does not contain any information in those sections still in question. Once the final requirements are identified, the Facilities Master Plan will be completed. At this point, the plan will only contain known information.

These are the identified IHS required sections for the Facilities Master Plan portion of the HSFMP contained in the guideline distributed in Feb 2003:

- IHS Eligible Program Space
- Size, age, and deficiencies of each health care facility
- Travel times, distances for each service area and distance to nearest clinics
- Determine percentage of user population with access to public transportation
- Innovative health care initiatives
- Access Database Summary

As of June 2004, the draft HFCPS requires the following information:

- **IHS Eligible supportable space** The draft prioritization process is asking tribal leaders to recommend whether this space should be calculated by using the HSP or the supportable space formula. The results will not be known until the end of the calendar year.
- Size, age, and documented financial deficiencies of each health care facility This information has been collected based on the information known and is included.
- **Isolation** Travel distances to the nearest level I, II, or III hospital emergency room this information has changed from the original requirements. However, the information is included based on the identified referral patterns.
- Barriers to service this information was not part of the original requirements. In the latest draft HFCPS, this information is not required until phase II of the application process. This requirement could change based on the response received as a result of tribal consultation. Since the information will be required as part of the POR/PJD, it will not be included in the master plan.
- Innovative— This information is also not needed until phase II as identified in the June draft of the HFCPS. Broad system-wide innovations that are already identified will be included in the master plan. Program and regional ones will be left to the planning phase unless already identified.

Access Database Summary – The known information for the existing facilities has been entered into the IHS supplied database. The uncertain information awaiting tribal input will be provided once the final structure has been determined. No further work will be done in this area until the IHS provides an updated document containing the final information.

# ARCTIC SLOPE NATIVE ASSOCIATION

# ASNA ARCTIC SLOPE NATIVE ASSOCIATION

#### LOCATION/GEOGRAPHY

This area is the most northerly of the service delivery areas. Bordering on the north is the Arctic Ocean, on the west is the Chukchi Sea, and on the northeast is the Beaufort Sea. The total area of the service area is 95,000 square miles.

The entire land area is underlain by continuous permafrost extending from a few inches below the land surface to depths ranging from 600 to 2000 feet (190 – 600m). Ice-wedge polygons, a common permafrost surface feature, lie throughout the coastal plain section.

Temperature extremes are 70 degree F above zero to minus 55 (with wind-chill factors below 100 degrees). Averages are 45 for summer and –30 in the winter. For 56 days during the winter, the sun does not come above the horizon. For 82 days in the summer, the sun does not set.

There are six communities in this service delivery area, all but one of them lying on the coast of the Beaufort Sea. Barrow, the most centrally located, is the transportation hub for the North Slope. Since there are no roads in the region, any village resident wishing to travel outside the North Slope must first fly to Barrow. The small number of communities and the existing transportation patterns make sub-regional centers unnecessary.



#### **POPULATION**

The Native people who live in the area served by the Arctic Slope Native Association are primarily Inupiat Eskimos. They comprise approximately 72% of the total population of the North Slope Borough. The economy of this region has been heavily dependent on oil revenues, which are now in decline. It is expected that there will be continuing emigration as job opportunities decline. It has one of the higher birth rates in the State, which will help offset the population loss from emigration from the region. The current census and user populations are very similar and the census-based projection is slightly less than the HSP projection:

2000 Census Count45182002 User Population43562015 Census Population Projection48472015 User Population Projection4916

Because of declining birth rates, the number of children in the region will decline over the next decade, while the number of elderly will increase. Within the region there is likely to be some migration from the villages to Barrow.

## Regional Age and Sex Distribution

			Ma	ales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	545	431	268	851	114	101	2310
2015	334	356	306	1067	261	187	2512
Change	61%	83%	114%	125%	230%	185%	109%
			Fen	nales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	490	397	261	785	104	130	2166
2015	307	300	311	991	249	178	2336
Change	63%	75%	119%	126%	240%	137%	108%

#### **HEALTH SERVICES PRIORITIES**

A strategic plan is under development. Some of the initiatives under consideration relate to prevention, quality of care, core services.

The emphasis is to keep as many services at the local level as possible.

The main focus for facilities is on the replacement hospital. There has been ongoing dialogue with the Indian Health Service to formalize the documentation. (Source: Teleconference 9/9/03)

Arctic Slope Native Association Community and Health Facility Data Summary

	Community and Health Facility Data Summary											
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By:	Pharmacy Services Provided By:	Radiology Services Provided By:
North Slope							_	_				
Borough	Inupiat Community of the N. S.	188	215	212	726	VC	CCMII	SSMH	A N I N A C		SMF	_
Atkasook	Atqasuk Village											
Barrow	Native Village of Barrow	2993	2933			Hosp.		SSMH			SME	
Barter Island		6		4	15			SSMH			SME	
Coleville	IZ-Later St. VSII	1	0.40	1	2	\/0			ANMC		SME	
Kaktovik	Kaktovik Village	201	246	225	781	VC		SSMH			SME	
Nuiqsut	Native Village Nuiqsut	337	386	382	1226	VC			ANMC		SMF	
Point Lay	Native Village of Point Lay	187	218	210		VC		SSMH			SMF	
Prudhoe Bay		0	4	2	6			SSMH			SMF	
Wainwright	Village of Wainwright	443	516	511	1763	VC	SSMH	SSMH	ANMC	S	SM	1
Total		4,356	4,518	4,916	16,518							
SSMH: Samuel Simm	nonds Memorial Hospital											
Hosp: Hospital												
SRC: Sub regional C	Clinic											
VC: Village Clinic												
ANMC: Alaska Nativ	e Medical Center											

#### PRIMARY SERVICE DELIVERY PLAN

#### **CLINICS**

Each community except Barrow has a village clinic, constructed and operated by the North Slope Borough (Prudhoe Bay and Deadhorse are oil company installations and have a separate health care system). Typically, community health aides staff the clinics. At times the NSB has attempted to staff the clinics with mid level providers but it has proven difficult to recruit and retain them. A centralized staff in Barrow supports the Health Aides, and management and training support are provided by the CHAP program support staff. The doctors at the hospital provide clinical oversight. The clinics provide CLIA waived lab tests; all other lab work is sent to the SSMH Laboratory. The clinics do not have any diagnostic imaging capability at present, and all patients requiring those services are sent to SSMH. The clinics do have telemedicine workstations that allow the transfer of digital photographs and other data to SSMH physicians for diagnostic purposes. The clinics also have video conferencing capabilities, which is used for patient and provider consultations as well as training and health education. Behavioral health services are provided by village based paraprofessionals and itinerant clinicians from the North Slope Borough (NSB) mental health services department. They also provide public health nursing services, audiology services, elder care programs and emergency response programs (source: C. Kowalesczski report, "SSMH Ambulatory Care Space Requirements Analysis").

#### SAMUEL SIMMONDS MEMORIAL HOSPITAL

The Samuel Simmonds Memorial Hospital (SSMH) is located in Barrow and serves as the headquarters for health delivery to the region. SSMH is JCAHO accredited and currently licensed for 14 beds and is operated by the Arctic Slope Native Association.

SUMMARY OF SERVICES Samuel Simmonds Memorial Hospital					
Primary Care	Laboratory				
Inpatient Services	Diagnostic Imaging				
Emergency Services Dental					
Pharmacy					
Specialty clinics provided by staff from Alaska Native Medical Center in Anchorage					

VISITING PROFESSIONALS					
LOCATION	TYPE	FREQUENCY			
Atkasook	MD	1x quarter for 5-10 days			
Alkasook	Dental	1x/quarter			
Kaktovik	MD	1x quarter for 5-10 days			
Nakiovik	Dental	1x/quarter			
Nuiqust	MD	1x quarter for 5-10 days			
Nuiqust	Dental	1x/quarter			
	MD	1x/quarter			
Point Lay	MD	1x/quarter			
	Dental	1x quarter for 5-10 days			
Wainwright	MD	1x/quarter			

SSMH SPECIALTY CLINIC VISITS FROM ANMC					
SPECIALTY	# OF CLINICS	# DA. EACH CLINIC			
Arthritis	2	3			
Cardiology	2	3			
Dermatology	1	2			
Diabètes	1	5			
ENT	5	4			
Hepatitis	1	1			
Internal Medicine	2	2			
Neurology	2	2			
OB/Gyn	3	3			
Ophthalmology	2	3			
Orthopedics	4	4			
Physical Therapy	4	5			
Surgery	2	3			
Pediatrics	4	4			

### STATEWIDE REFERRAL DELIVERY PLAN

See "Community and Health Facility Data Summary"

# MANIILAQ ASSOCIATION

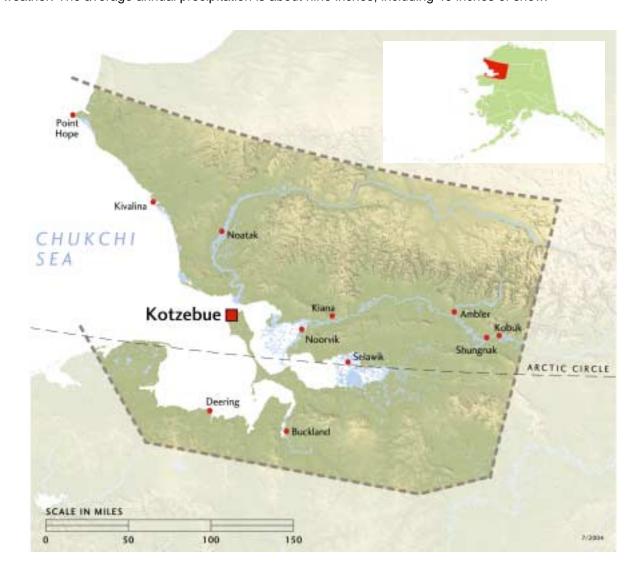
# MANIILAQ MANIILAQ ASSOCIATION

#### **LOCATION/ GEOGRAPHY**

The service area served by the Maniilaq Association straddles the Arctic Circle in northwestern Alaska and covers about 36,000 square miles. Kotzebue is 26 miles above the Arctic Circle on the northwestern shore of the Baldwin Peninsula. While Kotzebue itself is quite flat and densely populated, it enjoys vistas of snow-capped mountains and vast expanses of tundra. The city is nearly surrounded by the waters of Kotzebue Sound, Kobuk Lake and several lagoons.

During the summer months, the temperature averages between 40 and 60 degrees F, with an all-time high of 85 degrees. A light breeze from Kotzebue Sound keeps summer temperatures comfortable. This is the land of the Midnight Sun, and residents enjoy the longer daylight for about 36 days when the summer sun does not set

While winter temperatures average between 15 and 20 degrees below zero F, the very dry climate moderates the impact of the temperature. The lowest temperature recorded was 58 degrees below zero. Brisk winds drive the wind chill to below –50 degrees F, but residents compensate by dressing appropriately for the weather. The average annual precipitation is about nine inches, including 40 inches of snow.



#### **POPULATION**

The Native people of the Maniilaq area are primarily Inupiat Eskimos. They comprise approximately 85% of the total population of the region. The Maniilaq area is one of the most stable of the Alaskan regions, in terms of population. It has one of the highest birth rates in the State, exceeded only by the Yukon Kuskokwim region. The Red Dog Mine provides relatively well paying jobs for area residents so out migration from the region is less marked than in other rural areas. The current census and user populations are very similar and the census-based projection is slightly less than the HSP projection:

2000 Census Count	6867
2002 User Population	6920
2015 Census Population Projection	7795
2015 User Population Projection	8115

Despite the high birth rates, the number of children in the region will decline over the next decade, while the number of elderly will increase. Within the region there is likely to be some migration from the villages to Kotzebue.

#### **Regional Age and Sex Distribution**

Males	

	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	868	750	407	1284	160	161	3631
2015	488	572	606	1808	365	267	4106
Change	56%	76%	149%	141%	228%	166%	113%

E	ma	J۵c

	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	785	712	364	1059	134	208	3263
2015	454	539	494	1641	307	254	3689
Change	58%	76%	136%	155%	229%	122%	113%

# Maniilaq Health Corporation Community and Health Facility Data Summary

Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Ambler	Native Village of Ambler	245	268	290	947	VC	MH	IC	ANMC	Ν	ИНС	
Buckland	Native Village of Buckland	377	393	430	1365	VC	MH	IC	ANMC	Ν	ИНС	
Candle		7		2	8		MH	IC	ANMC	N	ИНС	
Deering	Native Village of Deering	120	128	154	533	VC	MH	IC	ANMC	N	ИНС	
Kiana	Native Village of Kiana	365	360	433	1461	VC	MH	IC	ANMC	Ν	ИНС	
Kivalina	Native Village of Kivalena	352	364	398	1317	VC	MH	IC	ANMC	Ν	ИНС	
Kobuk	Native Village of Kobuk	99	102	113	371	VC	MH	IC	ANMC	Ν	ИΗС	
Kotzebue	Native Village of Kotzebue	2783	2365	3289	10938	Hosp.	MH	IC	ANMC	Ν	ИНС	
Noatak	Native Village of Noatak	428	411	505	1666	VC	MH	IC	ANMC	Ν	ИНС	
Noorvik	Noorvik Native Community	591	602	684	2237	VC	MH	IC	ANMC	Ν	ИНС	
Selawik	Native Village of Selawik	703	736	838	2733	VC	MH	IC	ANMC	N	ИНС	
Shungnak	Native Village of Shungnak	220	242	265	898	VC	MH	IC	ANMC	N	ИНС	
Point Hope	Native Village of Point Hope	630	686	714	2324	VC	MH	IC	ANMC	Ν	ИНС	
Other			210		0		MH	IC	ANMC	Ν	ИНС	
Total		6920	6867	8115	26798							

Hosp: Hospital

SRC: Subregional Clinic

VC: Village Clinic

ANMC: Alaska Native Medical Center

MHC: Maniilaq Health Center

#### **ORGANIZATIONAL DESCRIPTION**

Maniilaq Association (Maniilaq) is a tribal non-profit organization serving eleven villages of the Northwest Arctic Borough, and Point Hope, Alaska. The ten villages include Ambler, Shungnak, Kobuk, Selawik, Kiana, Noorvik, Buckland, Deering, Noatak, Kivalina, and Kotzebue, the region's hub. Through its programs, Maniilaq seeks to improve the care of health services, health education, housing and the continuing development of the IRAs and tribal governments within our service area.

By 1986, Maniilaq became involved with new projects within the communities within our service area and its organization. During this period, a hospital merger proposal was made to assume management of the Indian Health Service Unit Hospital. Currently, Maniilaq manages a number of Indian Health Service (IHS), Bureau of Indian Affairs (BIA), and State of Alaska social programs.

Maniilaq entered into a contract with IHS in 1993 to manage the design and construction of a new 80,000 square foot facility. The construction of the Maniilaq Health Center was completed in 1995 and dedicated in February of that year. Maniilaq's medical and community health programs were moved into the new facility, which provides a modern healthcare environment for the people of our service area.

The Maniilaq Vision goes far beyond just healthcare; "Maniilaq provides comprehensive healthcare to all the people in our service area while promoting prevention, fitness, wellness, holistic strategies, and incorporating local traditional core values and beliefs.

#### **HEALTH SERVICES PRIORITIES**

Maniilaq recently completed its long-range plan. Part of that plan establishes strategic goals for the Association. These goals are listed below.

- 1. Suicide Prevention Promote health education and wellness.
  - a) Our 5-year goal is to have the lowest suicide rate in the state.
  - b) Our 1-year goal is to reverse the trend from the previous year.
- 2. **Compacting** This priority pertains to both Department of Interior and Department of Health and Human Services Programs.
  - a) Our 5-year goal for this initiative is to have compacting secured for pilot project for Health and Human Services, compacting secured for pilot project for Fish and Wildlife and National Park Service, and for all tribes to have the ability to compact with the departments listed above.
  - b) Our 1-year goals are to have the organization for DHHS pilot project completed, the F&W/NPS programs compacted for identified, and Dol/BIA-Tribal governance and administrative capacities assessed.
- 3. Elder Care Elders care is a priority in the region and has been a long-standing issue in Maniilaq's Long Range Plan. The continuum of elders care includes home care, independent living, assisted living, hospital swing beds, and long term nursing care.
  - a) Our 5-year goal in this area is to have the entire continuum of care covered.
  - b) Our 1-year goals are to expand home care services, have an independent living facility operational, have a swing bed unit established, have our IHS issues resolved on this matter, and have the funding in place.
- **4.** Cancer Prevention, Screening, and Early Treatment of Cancer Prevention, screening, and early treatment of cancer is a health priority in this region. Cancer is the number one cause of death in our region for people over 45.
  - Our 3-year goal is to have a comprehensive prevention, case finding, and case management program in place.
  - b) Our 1 year target is to have the program plan funded and in place.
- **5. CT Scanner** Acquisition and installation of a CT Scanner.
  - a) Our 1-year target is to have the feasibility of this project assessed.
- **6. Village Based Employment** This initiative strives to increase employment based in the eleven outlying villages to strengthen the family and the economy.
  - a) Our 3-year goal is to have a coordinated and productive workforce in the villages and a decentralized workforce.
  - b) Our 1-year goal is to have on-site supervisor positions established.

- 7. **Tribal Membership Development** The people of our service area want to do the best job they can and need to be supported through training, education and technology.
  - a) Our 3-year goal is to have more tribal members trained/educated and employed in professional/skilled positions.
  - b) Our 1-year goal is to have the division development plan completed.
- **8. Road Development** Indian Reservation roads, to improve the basic infrastructure throughout the region.
  - a) The 5-year goal is to have the ground transportation infrastructure plan developed.
  - b) The 1-year goal is to have the IRR ready to compact.
- **9. Customer Survey** This initiative is to gather customer information regarding the services Maniilaq provides and the unmet needs or barriers to receiving services.
  - a) Our 1-year goal for this project is to have the survey completed and the report written.
- **10. Facilities Master Plan** Facilities Master Plan for all Maniilaq buildings, clinics, storage, housing, office space, and related operations and maintenance needs.
  - a) Our 1-year target is to have this Facilities Master Plan completed.

#### ADDITIONAL RECOMMENDATIONS FOR SERVICES, FACILITIES

Maniilaq Association has clearly demonstrated its ability to provide the services that the people of our region need. We understand those needs and are working to meet them in the most efficient ways possible. Two changes that would allow us to better meet those needs and meet them more efficiently would be additional flexibility in spending the available funds and additional flexibility in building on federal property.

#### **LOCATION AND SERVICES OF EXISTING FACILITIES**

	SIZE OF FACILITY		
FACILITY NAME	(SQ FEET OR SQ METERS)	LOCATION	YEAR CONSTRUCTED
Health Center	80,000 Square Feet	5 <sup>th</sup> Avenue	1995
Senior Center	19,440 Square Feet	5 <sup>th</sup> Avenue	1974
Lake St House	3,865 Square Feet	Lake Street	Unknown
Family Res Ctr	2,400 Square Feet	2 <sup>nd</sup> Avenue	Unknown
Ferguson Bldg	24,150 Square Feet	Bison Street	1981
Family Crisis	1,549 Square Feet	Caribou Drive	Unknown
Day Care	5,000 Square Feet	5 <sup>th</sup> Avenue	Unknown
Putyuk	2,549 Square Feet	Friends Way	Unknown
Ambler Clinic	5,400 Square Feet	Ambler	2003
Buckland Clinic	5,400 Square Feet	Buckland	2004
Deering Clinic	800 Square Feet	Deering	1978
Kiana Clinic	5,400 Square Feet	Kiana	2002
Kivalina Clinic	800 Square Feet	Kivalina	1971
Kobuk Clinic	800 Square Feet	Kobuk	1980
Noatak Clinic	5,400 Square Feet	Noatak	2003
Noorvik Clinic	1,700 Square Feet	Noorvik	1999
Selawik Clinic	1,800 Square Feet	Selawik	1998
Shungnak Clinic	5,400 Square Feet	Shungnak	2003
Point Hope Clin.	5,800 Square Feet	Point Hope	1996

## **SERVICES INVENTORY AT EACH FACILITY**

	The Maniilag Health Center and its associated facilities	Number
Health Facility	in Kotzebue provide the following services:	of staff
Health Center	Acute Care	439
ricaliii Ociiloi	Labor and Delivery	400
	Primary Care	
	Specialty Care – 35 Clinics	
	Emergency Care – 4 Stations	
	Dental Care – 8 Chairs	
	Audiology – 1 Sound Booth	
	Eye Care	
	Diagnostic Imaging	
	Radiography	
	Fluoroscopy Ultrasound	
	Mammography	
	Laboratory	
	Pharmacy	
	Physical Therapy	
	Mental Health	
	Social Work	
	Substance Abuse Counseling	
	Substance Abuse Counseling  Maniilaq Recovery Center	
	Clinical Services	
	Outreach	
	MASAP Program	
	JSAP	
	Mavsigvik Recovery Program	
	Rural Human Services	
	Social Model Detoxification	
	Residential Treatment	
	Outpatient Services	
	Village Sobriety Planning	
	Health Education	
	Public Health Nursing	
	Nutrition Dietary Services	
	Dietary Services EMS	
	WIC	
	Biomed Services	
	Environmental Health	
	Remote Maintenance	
	Assisted Living	
	Family Crisis	
	Family Advocacy	
	Medical Risk Management	
	Safety	
	Security	
	Diabetes	
	Case Management	
	Home Care	
	Disabled and Disability Compliance	
	Patient Advocate	
	Infection Control	
	Day Care Center	
	Inupiat Illitqusiat	
	Pre-maternal Home	
	Tribal Doctor	
	Children's Emergency Home	
	Sexual Assault Response Team	
l	Injury Prevention	

Facility Name	Schedule of Part-time Clinics	Schedule of Visiting Professionals
Ambler Clinic	Primary & Preventative Care Information Services RHS/IT Therapist Home Health Tribal Doctor	8
Buckland Clinic	Primary & Preventative Care Information Services RHS/IT Therapist Family Case Worker Home Health Tribal Doctor	13
Deering Clinic	Primary & Preventative Care RHS/IT Therapist Home Health	4
Kiana Clinic	Primary & Preventative Care Information Services RHS/IT Therapist Health Education Family Case Worker Home Health	11
Kivalina Clinic	Primary & Preventative Care Information Services RHS/IT Therapist Home Health	8
Kobuk Clinic	Primary & Preventative Care Home Health	4
Noatak Clinic	Primary & Preventative Care Information Services RHS/IT Therapist Health Education Family Case Worker Home Health	11
Noorvik Clinic	Primary & Preventative Care Information Services RHS/IT Therapist Health Education Home Health	11
Selawik Clinic	Primary & Preventative Care Vocational Rehabilitation Information Services RHS/IT Therapist Health Education Family Case Worker Home Health WIC	17
Shungnak Clinic	Primary & Preventative Care Information Services RHS/IT Therapist Health Education Home Health	9
Point Hope Clinic	Primary & Preventative Care Vocational Rehabilitation RHS/IT Therapist Home Health	12

#### PRIMARY SERVICE DELIVERY PLAN

The Maniilaq Association Primary Service Area includes the eleven villages of the Northwest Arctic Borough and Point Hope. The ten villages within the Northwest Arctic Borough include Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Noatak, Noorvik, Selawik, and Shungnak as well as Kotzebue, the regions hub. Health Care is also provided for Point Hope even though it is in North Slope Borough. This service area covers roughly 40,000 square miles.

The eleven villages each have a clinic staffed with Health Aids. The Health Aids provide the first level of health care for the village. This includes emergency care, preventative care, and some primary care. In addition, internists and primary care physicians, ophthalmologists, dentists, and other health providers from Kotzebue visit each clinic on a once or twice a year basis. In addition to these services, some home health, health education, addiction, tribal doctor, and mental health services are also provided at the village level.

If the patients need is beyond those offered in the village, they are referred to the Maniilaq Health Center in Kotzebue. Since there are no roads from village to village in the region, travel is normally by plane. For routine appointments, the patient travels by one of several small scheduled airlines. However, if the patient needs emergency medical care, Maniilaq Association authorizes a patient transport via Evergreen, our contract emergency air transport provider.

The services offered at the Maniilaq Health Center (MHC) and the other Maniilaq facilities in Kotzebue are listed in the answer to question 3B above.

Should the patient need a service that is beyond the scope of what Maniilaq provides in Kotzebue, the patient is referred to another facility. Normally, that would be the Alaska Native Medical Center (ANMC) in Anchorage. In those cases where ANMC does not provide the service needed such as mental health, a referral is made to the appropriate facility. Most of the time, the facility is within the State of Alaska. However, in some cases such as mental health inpatient treatment for youth, treatment is not available in Alaska.

## **VISITING PROFESSIONAL SUMMARY**

Facility Name	Schedule of Part-time clinics	Schedule of Visiting Professionals
Maniilaq Health Center	Pediatrics Ear Nose and Throat Orthopedics Diabetes OB/GYN Ear Nose and Throat Urology Rheumatology Cardiology Neurology Ear Nose and Throat Orthopedics Pediatrics OB/GYN Ear Nose and Throat Surgery Dermatology Orthopedics Ear Nose and Throat Urology Pediatrics OB/GYN Rheumatology Orthopedics Ear Nose and Throat Urology Pediatrics OB/GYN Rheumatology Neurology Cardiology Orthopedics Hepatitis OB/GYN Ear Nose and Throat Surgery	January 20-23 January 27-30 February 2-5 February 9-13 February 23-25 March 9-12 March 29-31 April 5-7 April 13-15 April 22-23 April 27-30 May 3-6 May 10-13 May 17-19 June 8-11 June 23-25 July 19-20 July 26-28 August 3-6 August 9-10 September 7-10 September 21-22 September 27-29 October 7-8 October 19-21 November 1-4 November 10 November 15-17 December 7-10 December 15-17
Village Clinics	Primary Care Ophthalmologists Dentists	Twice Per Year Twice Per Year Twice Per Year

## STATEWIDE REFERRAL DELIVERY PLAN

Health Facility	Secondary	Specialty	Tertiary
rieaitii raciiity	Referral Location	Referral Location	Referral Location
Village Clinic	Maniilaq Health	Alaska Native	Inpatient Mental
Village Cililic	Center	Medical Center	Health Facility

#### **CONTRACT HEALTH SERVICE RECOMMENDATIONS**

- Additional patient housing in Anchorage would significantly reduce the financial burden on patients from our region. The housing that does exist is normally full.
- Increased focus on the issues of addictions, mental health and suicide prevention are needed
- An inpatient mental health facility is needed within the State of Alaska
- Additional funding for the elderly in the areas of independent and assisted living

## NORTON SOUND HEALTH CORPORATION

## NSHC NORTON SOUND HEALTH CORPORATION

### **LOCATION** / GEOGRAPHY

The Norton Sound service area covers about 23,000 square miles in Northwestern Alaska on the Seward Peninsula. The area extends into the Bering Sea toward Siberia and includes Little Diomede Island, Gambell and Savoonga on St. Lawrence Island, thirteen communities along the Bering Straits-Norton Sound coast and the regional center of Nome. Nome is on the south shore of the peninsula facing Norton Sound, 500 miles northwest of Anchorage. A cool marine climate prevails in the summer, and the winters are cold. The mean January temperature is 4 degrees, with routine winter lows of –20 degrees to –40 degrees. Combined with the persistent year-round breeze, which averages 11 knots, the wind chill factor in the winter can reach –50 to –70 degrees. In July, the temperatures range from 50 to 70 degrees and are accompanied by seasonal rains. Spring and fall are short season of a month's duration. The coastal villages and Nome have shore-bound pack ice for about eight months of the year.



#### **POPULATION**

The Native people of the Norton Sound area are primarily Inupiat and Yupik Eskimos. They comprise approximately 78% of the total population of the region. The economy of the region is based on natural resources (fish and minerals), and government services. Unemployment is high (15% currently) leading to relatively high levels of out migration. The opening of a new gold mine in 2006 may help stabilize the population. The 2002 user population exceeds the census population by almost 10%. User numbers for this region have been unreliable because of reporting difficulties. The census-based projection is slightly less than the HSP projection:

2000 Census Count	7274
2002 User Population	7883
2015 Census Population Projection	7351
2015 User Population Projection	7809

Because of declining birth rates, the number of children in the region will decline over the next decade, while the number of elderly will increase. Within the region there is likely to be some migration from the villages to Nome.

#### **Regional Age and Sex Distribution**

			Má	ales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	906	615	464	1450	227	214	3875
2015	476	506	522	1682	378	336	3899
Change	53%	82%	113%	116%	166%	157%	101%
			Fen	nales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	817	566	405	1174	190	247	3399
2015	442	448	486	1444	348	284	3453
Change	54%	79%	120%	123%	183%	115%	102%

#### **Norton Sound Health Corporation**

#### **Community and Health Facility Data Summary**

	Community and He	ailli Fa	acility	Data (	Sullillia	пу						
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015 - Adj.*	PCPV Projected to 2015 - ADJ.*	Existing Health Facility Type		Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Brevig	Native Village of Brevig Mission	223	254	243	819	VC	NSR		NMC		ISRH	
Council	Native Village of Council	0		0	0		NSR		ANMC		ISRH	
Diomede	Native Village of Diomede	81	137	112	386	VC	NSR		ANMC	N	SRH	ł
Elim	Native Village of Elim	309	297	299	1033	VC	NSR	Н	ANMC	Ν	ISRH	ł
Gambell	Native Village of Gambell	540	622	569	2036	VC	NSR	H	ANMC	Ν	ISRH	ł
Golovin	Chinik Eskimo Community	97	133	83	322	VC	NSR	H	ANMC	Ν	ISRH	ł
Nome	Nome Eskimo Community	3001	2057	2651	9394	Hosp.	NSR	H	ANMC	N	ISRH	ł
Savoonga	Native Village of Savoonga	587	614	715	2467	VC	NSR	H	ANMC	Ν	ISRH	ł
Shishmaref	Native Village of Shishmaref	489	531	514	1845	VC	NSR	H	ANMC	N	ISRH	ł
Solomon	Native Village of Solomon	0		0	0		NSR	H	ANMC	Ν	ISRH	ł
Teller	Native Village of Teller	221	248	244	839	VC	NSR	H	ANMC	N	ISRH	ł
Wales	Native Village of Wales	138	137	118	404	VC	NSR	H	ANMC	Ν	ISRH	ł
White Mountain	Native Village of White Mountain	173	175	170	573	VC	NSR	H	ANMC	Ν	ISRH	ł
	King Island Native Community						NSR	H A	ANMC	Ν	ISRH	ł
Other			55				NSR	H	ANMC	Ν	ISRH	ł
Unalakleet Subregion												
Koyuk	Native Village of Koyuk	271	280	284	963	VC	NSR		ANMC		ISRH	
Shaktoolik	Native Village of Shaktoolik	214	218	215	736	VC	NSR		ANMC		ISRH	
Saint Michael	Native Village of Saint Michael	350	343	310	1050	VC	NSR		ANMC		ISRH	
Stebbins	Stebbins Community Assoc.	571	518	549	1840	VC	NSR		ANMC		ISRH	
Unalakleet	Native Village of Unalakleet	618	655	733	2665	SRC	NSR	H A	ANMC	N	ISRH	l
Totals		7,883	7,274	7,809	27,372							

<sup>\*</sup> The HSP projections were based on a 2001 user population that significantly undercounted the number of eligible users in the population.

The revised, approved user population for 2001 indicated that the 2001 user pop was low by 43.66%. The HSP projections to 2015 were therefore adjusted to reflect that percentage increase.

Hosp: Hospital

SRC: Subregional Clinic

VC: Village Clinic

ANMC: Alaska Native Medical Center NSRH: Norton Sound Regional Hospital

#### **ORGANIZATIONAL DESCRIPTION**

Norton Sound Health Corporation (NSHC), based in Nome, Alaska was founded in 1970 to meet the health care needs of the Inupiat, St. Lawrence Island Yupik, and the Central Yup'ik people of the Bering Strait region of northwest Alaska.

As a non-profit consortium of 20 tribes, NSHC was among the first Native health organizations in the country to assume complete responsibility for medical care of the people it serves.

NSHC operates Norton Sound Regional Hospital in Nome, a city of 3,500 residents and the hub of the region. The corporation also operates 15 village health clinics scattered along the coast and island of the Being Sea.

#### **HEALTH SERVICES PRIORITIES**

#### **Patient Focus**

3-year goal: Improvement in score on the Patient Focus program Employee Survey in 2006.

1-year target: Patient Focus program designed and implemented.

Metric: Years 2 and 3, reduced number of consumer complaints.

#### **Financial Stability**

1-year target: Information Systems billing enhancements designed and implemented and billing staff stabilization design adopted.

Metric: \$500,000 increase in fund balance.

#### **Policy Development**

3-year target: Systems established to create and enforce policies, and new HR policies in place.

Metric: Improvement in scores on accountability and policies on employee survey.

#### **Organizational Structure**

1-year target: Streamlined organization clearly defined.

Metric: N/A

#### **Behavioral Health Services**

<u>1-year target</u>: BHS reorganized with comprehensive policies in place and plan for expansion/improvement completed.

Projects for expansion/improvements include:

- 5.1: Plan for transition of MATT (Mobil Adolescence Treatment Team) services implemented.
- 5.2: BHS Organizational structure revised and new job descriptions drafted.
- 5.3: Draft BHS SOPs for priority areas completed.
- 5.4: BHS managers trained in financial management and planning (completed by 12/21/03)
- 5.5: Additional SOPs drafted.
- 5.6: Expanded billing for BHS services in place. (Deadline for completion 6/30/04)
- 5.7: Strategy implemented for sustaining BHS programs
- 5.8: Agreement negotiated with community partners for improved children/youth services.

(Deadline for completion 9/30/04)

Metric: N/A.

Plans for the hospital's new building are progressing, as funding is now available for the planning/design components to move forward. Meetings are underway with Indian Health Services staff to finalize the healthcare program that is required to meet their needs and will be completed in the summer of 2004. Selection of a design firm later this year and design process will be phased to address utility extensions and site access improvements first for construction in the fall of 2005.

Currently under construction is patient housing, located north of Nome Elementary School near the new hospital site. Included will be 21 short stay units in two wings with common entry, as well as support and meeting spaces.

#### ADDITIONAL RECOMMENDATIONS FOR SERVICES, FACILITIES

A New Hospital Planning Committee (NHPC) has been formed to provide a board-based team planning effort for design, planning and transition to the new hospital. It is comprised of nine staff and one Board member (and alternate). The staff members have a 50/50 balance of clinical and administrative responsibility to ensure adequate representation of viewpoints.

Patient housing construction is underway near new hospital site. There will be two footprints of 2800 sq ft. with a common area between.

There is design money for the clinics at Gambell and Savoonga. Clinic construction is planned for next year in Golovin and White Mountain. The plan is to transition the construction workers form the clinic projects to the hospital project in Nome.

#### **LOCATION AND SERVICES OF EXISTING FACILITIES**

Clinic	Sq Ft	Sq Ft Leased by I.H.S.
Savoonga Health Clinic	1482	1482
Elim "	2400	726
Brevig "	1260	549
Gambell "	1526	1515
Golovin "	992	400
Koyuk	1120	657
Little Diomede "	768	501
Shaktoolik "	1824	504
Shishmaref "	1800	759
St. Michael "	1800	807
Stebbins "	1833	1137
Teller "	910	750
Wales "	864	429
White Mountain "	1200	474
Unalakleet Subregional Clinic. Completed 12/03	7,000	

(Square footage may not reflect current size of some clinics that were recently constructed. Current information on actual size and age of clinics were not available as of May 2004).

#### SERVICES PROVIDED AT EXISTING FACILITIES WITH CURRENT STAFF

FACILITY NAME	Services	STAFF
Brevig Mission	Basic Health care and emergency services	4
Elim	Basic health care and emergency services A midlevel is based in Elim to provide further health care.	5
Gambell	Basic health care and emergence services In process of hiring a midlevel	4
Golovin	Basic Health care and emergency services	3
Koyuk	Basic Health care and emergency services Also served by Unalakleet Subregional clinic.	4
Little Diomede	Basic Health care and emergency services	3
Savoonga	Basic Health care and emergency services Advertising midlevel position.	6
Shaktoolik	Basic Health care and emergency services Served by Unalakleet Subregional Clinic.	4
Shishmaref	Basic Health care and emergency services Advertising midlevel position.	6
St. Michael	Basic Health care and emergency services	3

FACILITY NAME	Services	STAFF
	Also served by Unalakleet Subregional Clinic.	
Stebbins	Basic Health care and emergency services Served by Unalakleet Subregional Clinic.	5
Teller	Basic Health care and emergency services Advertising midlevel position.	4
Unalakleet Subregional Clinic	Basic health care, emergency, and dental services to 4 villages and Unalakleet.	8
Wales	Basic Health care and emergency services	4
White Mountain	Basic Health care and emergency services	4

Community Health Aides provide the following health services in their respective communities:

- Pap smears
- · Well-child exams
- · Pregnancy tests
- · Strep screenings
- · All types of labs, blood glucose testing
- · Chronic medical care otis media to urinary tract infections (U.T.I.)
- · Suturing and removal of staples
- Assisting with dog bites, cuts
- Home visits for elderly patients
- Delivery of newborns when expectant mothers are unable to leave their home communities
- RSV patient visits
- Stabilize patients with gunshot wounds, head injuries, or those involved in ATV, boat or snow machine accidents
- School screenings
- · Eye checks
- · IV's
- · Ear checks
- Assist with fluoride treatments
- EKG machine (Zolls)
- · Set broken limbs, ankles, sprained fingers
- · Help with WIC referrals
- · Assist with tooth aches
- Sometimes escort patients
- · Administer CPR
- · Assist with hypothermia patients
- · Utilizes telemedicine equipment.

Abilities depend on training levels of health aides.

#### PRIMARY SERVICE DELIVERY PLAN

Norton Sound Regional Hospital also provides inpatient and outpatient health care services to patients in Nome and surrounding villages. NSHC operates fifteen village health clinics that provide basic health care services. NSRH also offers long-term care to Elders of the Bering Strait region. The medical staff consists of physicians and midlevel providers representing several specialties, including family practice, internal medicine, radiology, emergency medicine and pediatrics.

#### The Community Health Services Division provides the following services:

<u>Village Health Services</u> operates fifteen clinics, staffed by 56 community health aides and practitioners, sixteen travel clerks and seven midlevel practitioners.

<u>Health Aide Training Center</u> offers training to new health aides from the region and other regions. The Center also provides continuing medical education classes to fully trained community health practitioners in pediatric, sexual assault exams, HIV, billing and improving documentation.

<u>Maternal and Child Health Program</u> provides case management, education and support for obstetric patients in the region.

<u>Pre-maternal Home</u> provides education, good nutrition, and a safe, drug-free environment for pregnant women of the region. Staffed 24 hours a day, the home accommodates up to ten women.

<u>Infant Learning Program</u> promotes growth and development of children under three. Staff visits villages in the region based on children's needs and the number of referrals in villages. Children served may have been born prematurely, have delays in development, or have a diagnosed disability such as Down's syndrome or cerebral palsy.

<u>Women, Infants, and Children (WIC)</u> WIC is a supplemental food program that helps pregnant and postpartum women, infants, and children up to age five. Provides food packages, nutrition education, and referrals to other agencies.

<u>Office of Environmental Health</u> works to protect the public from illness and injury related to the environment and offers technical assistance and training concerning water, wastewater, solid and hazardous waste, food, air, pests and safety.

<u>Public Health Nursing</u> focuses on preventive health practices and early detection of disease.

Behavioral Health services unit.

#### The Hospital Services Division provides the following services:

<u>Medical Staff</u> includes physicians and midlevel providers offering a full spectrum of the highest quality medical services possible in diverse and isolated areas. In the coming year, the medical staff hope to continue to retain staff despite health provider shortages developing elsewhere; continue to emphasize preventative health awareness through screening and education; and offer more services and procedures, decreasing patients' need to travel outside facilities.

<u>Outpatient Clinic</u> uses a primary care model to treat acute and chronic illnesses. Staff promote healthy lifestyles and accomplished the following in 2003:

- Developed and implemented a new, expedited triage and registration process for patients who must return daily or several times a day for nursing care under previously written physician orders.
- Began assessing patients with a hospital-wide, standardized pain scale.
- Worked with other departments to improve the billing process for obstetric patients.

<u>Inpatient Nursing</u> staff works twelve-hour shifts in the emergency room, birthing room and at the bedside on the Inpatient Unit. In 2003, they:

- Assessed and improved the E.R. Triage system with an emphasis on public education.
- Researched and implemented an improved method of administering warmed I.V. fluid to hypothermia patients.
- Sent two nurses to specialized obstetrics training at Alaska Native Medical Center.
- Improved security and management of patient medication by installing swipe locks.
- Leased new I.V. infusion pumps, improved safety and accuracy.

Radiology Department performs routine X-rays, ultrasound exams and mammography;

- Performed nearly 9,000 patient exams.
- In 2004, the department will upgrade to become a "film-less", fully digital department.

<u>Dental</u> emphasizes preventive services and handles fillings, root canal therapy, dentures, crowns, bridges, and orthodontics. In 2003:

• Five Nome-based dental assistants were trained as dental health aides. These staff can now clean teeth, give oral hygiene instruction, place sealants and apply fluoride. Dental health aides routinely see patients first, take radiographs and clean teeth before calling a dentist to do an exam and outline treatment. In 2003, staff:

- Treated 3,457 individual patients during 8,686 patient encounters.
- Brought contract dentists to eight larger villages and Nome to treat 551 children.
- Continued to encourage village clinic staff to apply fluoride rinses or varnish to children's teeth.
- Selected two people from the region to attend dental therapy training in New Zealand. After their return and more training in 2006, they will be stationed in Unalakleet and Savoonga.

<u>Eye Care Department</u> includes two full-time optometrists and three assistants, hosts an intern doctor, on a quarterly basis, from accredited colleges of optometry throughout the nation. Department's goal is to enhance the quality of eye care in the Norton Sound region and to prevent ocular disease.

<u>Audiology Department</u> offers comprehensive services to address hearing and balance disorders. Department focuses on early detection and intervention for ear and hearing disorders in newborns and other children. In 2003, staff:

- Evaluated 1,350 patients.
- Increased village visits.
- Increased scheduling at Alaska Native Medical Center's ENT department through the use of telemedicine.
- Helped initiated the Cochlear Implant Network of Alaska through Seattle-based Virginia Mason "Listen For Life Center: for Alaska cochlear implant recipients. Pharmacy offers a widespread spectrum of services for residents in Nome and surrounding villages. Staff order stock daily and dispenses prescriptions to each patient.
- Technicians continue to work toward achieving their certifications.

<u>Physical Therapy Department</u> works with patients who suffer from joint, muscle or nerve changes. They also assist with vestibule changes, balance and gait declines, developmental delays, post-surgical orthopedic and cardiac rehabilitation needs, and diabetic foot and exercise needs. In 2003, staff:

- Saw 1-25 patients daily at an average of 16 per day.
- Worked with outpatient clinic, the inpatient unit, Quyanna Care Center, and students needing physical therapy at Nome Public Schools.
- Visited each village two to three times for two to four days per trip and made home visits and saw patients in the clinic seeing eight to 24 patients per day.
- Continued to assist Health Aide Training offer muscular skeletal training.

<u>Clinical Laboratory</u> provides diagnostic testing and clinical monitoring of patient body fluids. In 2003, staff adopted a teamwork approach to reviewing and updating policies and procedures. Also implemented new testing including:

- Hemoglobin Alc and Microalbumen (tests to monitor diabetes).
- Fetal Fibronectin (to assess the risk of pre-term delivery within 14 days after collecting the specimen).
- Rapid influenza screen.

<u>Social Services Department</u> provides medical social work services to individuals and families seen at Norton Sound Regional Hospital, village clinics, and Quyanna Care Center. In 2003, staff:

- Assisted with 61 cases of child abuse and neglect.
- Assisted with 59 cases of elder abuse, neglect, or exploitation.
- Helped families arrange 78 burials and death certificates.
- Helped with 15 domestic violence victims.
- Assisted 50 elders arrange long-term care.
- Enrolled 66 patients in Denali KidCare or Medicaid, and helped 209 others access other financial resources.

<u>Quyanna Care Center</u> offers a 24-hour/day seven-days-a week, long-term care to elders in the Bering Strait region. In 2003, staff:

- Became a restraint-free facility.
- Provided a homelike, non-institutional lifestyle with the addition of pets and plants on the unit.
- Improved the environment with new window treatments and new carpets.

- Continued to have residents help prepare and serve Native foods regularly with donations from the community.
- Continued to offer CAN (Certified Nursing Assistant) courses to staff.

<u>State, Federal and JCAHO</u> (Joint Commission on the Accreditation of Healthcare Organization) surveys were a success. Family involvement in care planning at QCC has increased with the use of a teleconference phone during resident care conference. Residents continue to enjoy trips to the country.

<u>Elder Care Resources Department</u> has three components: Personal Care Attendant Program, National Family Caregiver Support Program, and Medical Choice Waiver for Older Americans and Adults with Physical Disabilities. The department looks for gaps in services and coordinate with other agencies to better serve the elder. Department vision is for elders to live at home, safe and independent, with family and community support. In 2003, staff:

- Traveled to villages to identify needs for in-home services.
- Provided information, assistance and support to family caregivers.
- Increased and expanded personal care attendant services.

<u>Emergency Medical Services</u> handles air medical evacuations with its critical care air ambulance in emergencies and teach life saving classes. In 2003 staff:

- Flew 217 missions.
- Ordered courses in ten communities. Courses included CPR, First Aid and injury prevention in schools and evening courses for community residents. Emergency trauma training was offered in four communities.
- Offered EMT training for health aides and community members, and Advanced Cardiac Life Support and Pediatric Advance Life Support courses for physicians, paramedics, and nurses.
- Three new ambulances (for Nome, Unalakleet and St. Michael) were purchased with funds from the USDA Code Blue project, Rasmuson Foundation and NSHC.
- A state effort provided smoke alarms that EMS staff installed in all homes in Golovin and St. Michael. Smoke alarms are planned for other communities in the future.

<u>CAMP</u> is the Chronic Care Active Management and Prevention Program, NSHC's diabetes prevention program. CAMP strives to empower people and communities to promote healthy lifestyles and improve the quality of life for those with chronic illnesses. In 2003 staff:

- Helped eight villages and one Nome-based tribe start diabetes programs. Two villages hired parttime diabetes prevention coordinators. Brought representatives of these programs to Nome for halfday training.
- Sponsored Palmer Sagoonick of Shaktoolik to promote diabetes prevention during the 2003 Iditarod Trail Sled Dog Race.
- Implemented a smoking cessation program.
- Started group medical visits, accessed by 16 Nome diabetes patients.
- Offered *Summercise* again in Nome, serving 197 youth and training six teens in fitness and nutrition to help lead the program.
- Encouraged 1,090 pool visits through our water aerobics program.
- Treated and educated over 70 patients during the annual diabetes specialty clinic.
- Diabetes care in this region has improved and exceeds Indian Health Service and most Alaska beneficiaries.

<u>Respiratory Therapy Departments</u> provide information and educational materials as well as a wide range of treatments to patients seen at Norton Sound Regional Hospital and our village clinics. In 2003, staff:

- Treated over 2,000 patients.
- Performed over 2,300 procedures.

Nutritional Services Department provides many services, including:

- Nutrition education and counseling our patients and communities.
- Meal service for admitted hospital.
- Menu consultations.
- On-site culinary training for staff.
- Operate the Fireweed Café, serving a variety of meals and espresso.

<u>Infection Control Department</u> monitors hospital practices that could harm patients and staff. Lab results are monitored for certain organisms and for trends. The hospital is checked for cleanliness and staff is observed in routine activities to see that they use correct procedures to minimize the risk of contamination.

<u>Employee Health Department</u> screens new employees per NSHC protocol and provides blood-borne pathogen training to staff. In 2003 staff:

- Screened and trained 168 new staff.
- Saw 80 percent participants at NSHC's annual employee health and safety fair.
- Implemented use of new masks to protect staff from infectious disease, and fitted them to 95 percent of employees.

<u>Maintenance Department</u> maintains utilities such as light, heat, air handling, oxygen, and power in NSHC facilities in Nome. The department also maintains corporate facilities and works to create a pleasant, comfortable physical environment for patients, visitors, and staff. In 2003, staff:

- Replaced damaged heating and cooling coils in three air handler units in the main hospital building's penthouse.
- Installed and implemented a new staff identification badge card reader security system in highly sensitive areas and in main entries into the facility.
- Changed operating hours to ensure maintenance staff is available from 8:00 a.m. to midnight.

<u>Environmental Services</u> has three units to address the needs of Norton Sound Regional Hospital and other NSHC facilities in Nome.

- The security unit maintains security throughout the hospital 24 hours a day and monitors other NSHC buildings.
- The Housekeeping unit keeps all areas neat and clean at all times.

#### Administration Offices provide the following services:

<u>Human Resources Department</u> is actively involved in building the future of the corporation and region, focusing on employee development and offering scholarships to people of the region interested in pursuing health related degrees.

- Handles staff and hiring issues. In 2003, NSHC remained the largest employer in the Bering Straits region, with 455 employees. About 33% are village based. Native hire rate was 70 percent overall, and 95% in villages. In 2003, staff:
- Awarded 40 scholarships to area Natives seeking higher education in fields employable by NSHC.
- Helped develop and implement a new manager-training program.
- Partnered with Northwest Alaska Career and Technical Center to provide certified nursing assistant and personal care attendant training to regional high school students.

Office of General Counsel handles a variety of legal matters, provides legal advice and assistance to NSHC Board of Directors and administration including training on discipline and grievance procedures, employee misconduct and ethics. Counsel also supervises and monitors work of attorneys hired to represent NSHC in litigation and legislative matters.

<u>Compliance Officer/Performance Improvement</u> department is responsible for evaluating the effectiveness of the compliance plan, and risk management for patients, staff and facilities.

- Tracks consumer concerns.
- Coordinating JCAHO compliance for the hospital, lab, and Quyanna Care Center.
- Facilitating performance improvement activities.

<u>Planning Department</u> focuses on special projects assigned by administration or NSHC Board of Directors. Highlights of 2003 include:

- Represent NSHC at IRA Annual meetings in Shishmaref, Unalakleet, and Brevig.
- Prepared the 2003-04 federal and state priorities packets and scheduled congressional and legislative appointments for NSHC representatives.
- Promoted and implementation of NSHC's Village Clinic Lease program.
- Provide technical assistance to villages applying for grants.

<u>Public Communications Department</u> produces publications and publicity for the corporation and designs materials for departments. Publications include the annual report and Kaniqsirugut News, the newsletter of NSHC, Kawerak, and the Bering Straits Regional Housing Authority.

- Public awareness efforts for the NSHC and Kawerak, Inc. wellness initiative funded by the Alaska Federation of Natives, Inc.
- Advertisements and articles in the Nome Nugget about NSHC and wellness efforts.
- Designing new I.D. badges, recreation center passes and Fireweed Café debit cards for staff.
- Travel to villages to conduct interview and take pictures for publications.

<u>Capital Projects Office</u>, established by NSHC in 2000, handles construction activities and explores funding opportunities for health related capital projects.

#### Finance Division provides the following services:

<u>The Accounting Department</u> handles day-to-day financial operations of the corporation and oversees grant financial management, payroll, and housing for temporary and relocating employees. In 2003:

- Department offices, located on the second floor of the main administration building, were fully remodeled and reconfigured.
- Groundwork for implementation of the KRONOS automated payroll system got underway. Once fully
  operational, KRONOS will eliminate the need for paper timecards, relying instead on a computerized
  time clock to record and calculate payroll for the entire organization.

<u>Information Systems</u> provides information and communications systems to improve quality of care and financial accountability for our patients. In 2003, staff:

- Implemented Triactive, a web-based product that allows staff to manage computer and related assets, ease coordination of requests to our help desk, and gives staff access to remote devices.
- Implemented electronic billing in Patient Financial Services to speed cash flow.
- Installed computer and phone cables in the new Stebbins clinic.
- Upgraded NSHC's Internet server.

<u>Materials Management</u> purchases all equipment and supplies used by Norton Sound Health Corporation and our program in fifteen villages. In 2003, staff:

- Purchased equipment in preparation for the opening of the new sub regional clinic, including the dental clinic, in Unalike.
- Put Physical Therapy supplies under the Materials Management umbrella, locating them in Central Supply.
- Developed a system for village clinics to issue and charge for supplies.

Health Information Management department compiles and maintains all health information for patients.

- Provide patient records to departments as needed and is responsible for coding all medical information for reimbursement for services provided.
- In 2003, two staff members became certified coders, one coder eligible for certification, and two staff taking coding and reimbursement classes.

#### <u>Patient Financial Services</u> department's key projects included:

- Implementing electronic billing, which improved timeless of payment from insurance companies and improved the quality of claims submitted. At least 80% percent of all claims are now sent electronically.
- Hired consultants for six months to help reduce overall accounts receivable and train staff. The consultant team lived in Nome to work side-by-side with our staff.
- Began offering training in coding and billing through the College of Rural Alaska for interested staff.
   This program is intended to train local staff in these important areas to improve our billing system.

#### **VISITING PROFESSIONAL SUMMARY**

SCHEDULE OF HEALTH FACILITY PART-TIME CLINICS	SCHEDULE OF VISITING PROFESSIONALS (JAN-DEC 03)
---	---

	1 ear; 4 PHN, 8 ILP, 1 eye, 1 MATT, 7 PA, 1 VSI, 4 Doctor, 4
Brevig	Dental, 2 BHS, & 1 WIC visits.
	4 PT, 8 ILP, 3 GOCADAN, 3 Dental, 6 Doctor, 4 WIC, 6 VSI, 2
Elim	PHN, 2 Ear, 1 OEH, 3 PA, 1 eye, & BHS.
	3 Doctor, 5 PA, 6 Dental, 4 ILP, 3 PT, 5 WIC, 3 PHN, 1 VSI, 1
Gambell	CDC, 3 eye, 1 BHS, 1 PCA, 1 ear, & 1 MATT.
	4 GOCADAN, 1 EMS/ETT, 2 WIC, 2 Dental, 2 VSI, 3 Doctor, 1
Golovin	OEH, 2 PT, 3 PHN, 1 ear, &1 eye.
	8 BHS, 1 HAT/ETT, 1 Doctor, 3 Dental, 2 PT, 1 PHN, 1 Arctic
Little Diomede	Care, & 1 ILP.
	4 Dental, 2 BHS, 2 Doctor, 6 ILP, 4 PT, 2 eye, 3 MATT, 1 ear, 1
Koyuk	WIC, & 1 PHN.
	1 eye, 3 PHN, 3 PT, 7 ILP, 2 PA, 3 Doctor, 3 Dental, 1 Ear, 1
St. Michael	VSI, & 2 WIC.
	2 PA, 6 ILP, 4 PHN, 10 Dental, 4 Doctor, 1 EMS, 2 OEH, 3 PT, 1
Savoonga	Arctic Care, 2 ear, 1 CDC, 11 BHS, 2 Eye, 1 PCA, & 2 WIC.
	3 ILP, 4 PT, 2 Doctor, 8 BHS, 1 MATT, 1 eye, 1 VSI, 1 HAT, 6
Shishmaref	PA, 3 PHN, 8 Dental, 2 OEH, 3 WIC & 1 ear.
	4 ILP, 2 eye, 4 PT, 4 PA, 3 PHN, 8 Dental, 1 Doctor, 1 EMS, 1
Stebbins	CDC, 2 WIC.
	3 MATT, 3 PT, 1 eye, 5 ILP, 2 Doctor, 1 OEH, 1 VSI, 2 PHN, 1
Shaktoolik	EMS, 3 Dental, & 2 WIC.
	9 PA, 3 PHN, 1 eye, 1 IS, 1 ear, 3 PT, 1 Doctor, 3 Dental & 1
Teller	ILP.
	1 Dental, 4 Doctor, 3 ILP, 4 PT, 1 GOCADAN, 2BHS, 1 Rainbow
Unalakleet	Svs, 2 eye, 1 WIC, 1 CDC, 1 OEH, & 2 PHN.
	5 PA, 2 PHN, 2 Doctor, 2 WIC, 2 Dental, 10 BHS, 1 ear, 1
Wales	EMS/ETT, 3 PT & 4 eye.
	5 GOCADAN, 4 BHS, @ WIC, 1 ILP, 4 VSI, 2 Doctor, 3 PT, 1
	ear, 2 PA, 2 Dental, 1 MATT, 1 VHS, 2 eye, 1 EMS/ETT, & 2
White Mountain	PHN.

#### STATEWIDE REFERRAL DELIVERY PLAN

HEALTH FACILITY	SECONDARY REFERRAL LOCATION	SPECIALTY REFERRAL LOCATION	TERTIARY REFERRAL LOCATION
Brevig	NSRH	ANMC	ANMC (unless referred to Providence, etc.)
Diomede	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
Elim	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
Gambell	NSRH	ANMC	ANMC (unless referred to Providence, etc)
Golovin	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
Koyuk	Unalakleet Subregional	Nome	ANMC
Koyuk	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
Savoonga	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
Shaktoolik	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
Shishmaref	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
St. Michael	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
Stebbins	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
Teller	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
Unalakleet	NSRH	ANMC	ANMC (unless referred to Providence, etc.)
Wales	NSRC	ANMC	ANMC (unless referred to Providence, etc.)
White Mountain	NSRC	ANMC	ANMC (unless referred to Providence, etc.)

## **CONTRACT HEALTH SERVICE RECOMMENDATIONS**

NSHC does not contract with any health facilities. Contracting with other health facilities is done primarily at the Alaska Native Medical Center (ANMC) in Anchorage if patients need further medical care services not available at ANMC.



## YKHC YUKON-KUSKOKWIM HEALTH CORPORATION

#### **LOCATION/ GEOGRAPHY**

The Yukon-Kuskowim Delta is located in southwestern Alaska, approximately 400 air miles from Anchorage. It covers approximately 75,000 square miles of coastal wetlands, tundra and mountains. The service area consists of fifty Eskimo and Indian villages along the Yukon and Kuskokowim River and their tributaries. On the Yukon, the Y-K-D begins at the village of Grayling and follows the River to Kotlik where it empties into the Bering Sea. The Kuskokwim River boundary begins at the community of McGrath and follows the river down the coast to Quinhagak. This large river system includes most Bering Sea coastal villages, as well as the communities on Nunivak and Nelson Islands.

The sub-arctic climate of the Y-K-D hosts short, cool summers and long, cold winters, which are affected by both the continental and transitional climatic zones. The continental zone is characteristic of warm summers and very cold, dry winters and includes the interior villages, defining the largest landmass within the Y-K-D. The transitional zone encompasses the coastal communities and exhibits generally milder temperatures than the interior with comparable precipitation levels (approximately 20 inches per year). High average wind speeds are present in both zones creating snowdrift barriers for ground transportation and high wind chill factors on cold days.



#### **POPULATION**

The Native people of the Yukon Kuskokwim Delta are primarily Yupik Eskimos. They comprise approximately 89% of the total population of the region. This area has traditionally had the highest unemployment rates in the State, as well as the highest birth rates. Despite these pressures out migration is still relatively moderate. The current census and user populations are similar. The population projection based on the census data and State Department of Labor growth factors is significantly lower than the HSP projection; it assumes a declining birth rate and more out migration.

2000 Census Count: 20,714
2002 User Population: 22,019
2015 Census Population Projection: 24,040
2015 User Population Projection: 27,847

Despite the high birth rates, the number of children in the region will decline over the next decade, while the number of elderly will increase. Within the region there is likely to be some migration from the villages to Bethel.

#### **Regional Age and Sex Distribution**

			Ма	les			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	2944	1865	1242	3719	518	552	10840
2015	1583	1777	1830	5324	1108	864	12485
Change	54%	95%	147%	143%	214%	156%	115%
			Fem	nales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	2601	1637	1149	3422	502	585	9897
2015	1468	1567	1602	5003	1032	882	11554
Change	56%	96%	139%	146%	206%	151%	117%

### Yukon Kuskokwim Health Corporation Community and Health Facility Data Summary

	Community and H	leaith	racilit	y Data	Summ	ary						
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/Al Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Aniak Subregion	, ,				_				•			_
Aniak	Village of Aniak	454	419	609	2058	SRC	YKDR	RΗ	ANMC	YŁ	(DRI	Н
Anvik	Anvik Village	99	94	103	354	VC	YKDR	хΗ	ANMC	YŁ	(DRI	Н
Chuathbulak	Native Village of Chuathbaluk	100	112	152	493	VC	YKDR	ιН	ANMC	YŁ	(DRI	Н
Crooked Creek	Native Village of Crooked Creek	109	128	154	495	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Grayling	Organized Village of Grayling	164	178	206	673	VC	YKDR	ιН	ANMC	YŁ	(DRI	Н
Holitna River		1	0	1	5		YKDR	ιН	ANMC	YŁ	(DRI	Н
Holy Cross	Holy Cross Village	231	219	253	874	VC	YKDR	ιН	ANMC	YŁ	(DRI	Н
Lime Village	Lime Village	32	0	43	146	VC	YKDR	ιН	ANMC	YŁ	(DRI	Н
Lower Kalskag	Village of Lower Kalskag	238	255	304	1015	VC	YKDR	ιН	ANMC	YŁ	(DRI	Н
Napaimute	Native Village of Napaimute	0	0	0	0		YKDR	RH	ANMC	YŁ	(DRI	Н
Red Devil	Village of Red Devil	36	25	36	131	VC	YKDR	ιН	ANMC	YŁ	(DRI	Н
Russian Mission	Native Village of Russian Mission	301	278	375	1241	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Shageluk	Shageluk Native Village	124	125	135	452	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Sleetmute	Village of Sleetmute	86	89	125	463	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Stony River	Village of Stony River	55	52	71	249	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Upper Kalskag	Village of Kalskag	237	208	288	1025	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Unspecified		0	23	0	0		YKDR	RH	ANMC	YŁ	(DRI	Н
Bethel Subregion							YKDR	RH		YŁ	(DRI	Н
Akiachak	Akiachak Native Community	599	564	754	2472	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Akiak	Akiak Native Community	326	294	404	1355	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Atmautluak	Village of Atmautluak	275	282	348	1180	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Bethel	Orutsaramuit Native Council	4502	3719	5683	19134	Hosp.	YKDR	RH	ANMC	YŁ	(DRI	Н
Eek	Native Village of Eek	276	271	368	1262	VC	YKDR	RH	ANMC	YŁ	(DRI	Н
Kasigluk	Native Village of Kasigluk	512	525	678	2296	VC	YKDR		ANMC		(DRI	
Kipnuk	Native Village of Kipnuk	620	631	770	2550	VC	YKDR		ANMC		(DRI	
Kongiganak	Native Village of Kongiganak	352	349	435	1439	VC	YKDR		ANMC		(DRI	
Kwethluk	Organized Village of Kwethluk	727	676	944	3159	VC	YKDR		ANMC		(DRI	
Kwigillingok	Native Village of Kwigillingok	348	331	435	1464	VC	YKDR		ANMC		(DRI	
Napakiak	Native Village of Napakiak	359	341	452	1555	VC	YKDR	RH	ANMC	YŁ	(DRI	Н

Hosp: Hospital/Regional Clinic

SRC: Subregional Clinic

VC: Village Clinic

ANMC: Alaska Native Medical Center

YKDRH: Yukon Kuskokwim Delta Regional Hospital

(continued on next page)

Community	FEDERALLY RECOGNIZED TRIBE	2002 User Pop.	2000 AN/Al Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Napaskiak	Native Village of Napaskiak	430	383	557	1883	VC_	YKDRH	ANMC		_ (DRI	
Nunapitchuk	Native Village of Nunapitchuk	482	447	574	1940	VC	YKDRH	ANMC		(DRI	
Oscarville	Oscarville Traditional Council	53	61	62	208	VC	YKDRH	ANMC		(DRI	
Quinhagak	Native Village of Kwinhagak IRA	559	540	681	2377	VC	YKDRH	ANMC		(DRI	
Toksook Bay	Native Village of Toksook Bay	537	519	669	2206	VC	YKDRH	ANMC		(DRI	
Tuluksak	Tuluksak Native Community	423	403	543	1831	VC	YKDRH	ANMC		(DRI	
Tuntutuliak	Native Village of Tuntutuliak	365	366	457	1557	VC	YKDRH	ANMC		(DRI	
Unspecified	The state of the s	0	3	0	0	. •	YKDRH	ANMC		(DRI	
Emmonak Subregion		· ·	· ·								•
Alakanuk Bill Moore's	Village of Alakanuk	702	638	849	2880	VC	YKDRH	ANMC		(DRI	
Slough	Village of Bill Moore's Slough	0	0	0	0		YKDRH	ANMC		(DRI	
Chuloonawick	Chuloonawick Native Village	1		1	2		YKDRH	ANMC		(DRI	
Emmonak	Emmonak Village	697	720	950	3125	SRC	YKDRH	ANMC	YŁ	(DRI	Н
Hamilton	Native Village of Hamilton	0	0	0	0		YKDRH	ANMC		(DRI	
Kotkik	Village of Kotlik	529	568	731	2392	VC	YKDRH	ANMC	YŁ	(DRI	Н
Nunam Iqua St. Mary's Subregion	Native Village of Sheldons Point	170	154	197	659	VC	YKDRH	ANMC	YŁ	(DRI	Н
Anderafski	Yupiit of Andreafski	1		1	4		YKDRH	ANMC	YŁ	(DRI	Н
Marshall	Native Village of Marshall	360	341	429	1446	VC	YKDRH	ANMC	YŁ	(DRI	Н
Mountain											
Village	Native Village of Mountain Village	735	706	941	3143	VC	YKDRH	ANMC	YŁ	(DRI	Н
Pilot Station	Pilot Station Traditional Village	534	537	684	2249	VC	YKDRH	ANMC	YŁ	(DRI	Н
Pitkas's Point	Native Village of Pitkas' Point	86	117	117	399	VC	YKDRH	ANMC	YŁ	(DRI	Н
Saint Mary's	Algaaciq Native Village	410	438	553	1870	SRC	YKDRH	ANMC	YŁ	(DRI	Н
Unspecified Hooper Bay Subregion		0	15	0	0		YKDRH	ANMC	Yŀ	(DRI	Н
Hooper Bay	Native Village of Hooper Bay	1039	971	1281	4184	VC	YKDRH	ANMC	YŁ	(DRI	Н
Scammon Bay	Native Village of Scammon Bay	478	453	612	2017	VC	YKDRH	ANMC		(DRI	
Chevak	Chevak Native Village	808	734	954	3034	VC	YKDRH	ANMC		(DRI	
Paimiut	Native Village of Paimuit	0	0	0	0		YKDRH	ANMC		(DRI	
Tooksook Bay Subregion	-										
Newtok	Newtok Village	302	311	386	1305	VC	YKDRH	ANMC	YŁ	(DRI	Н
Tununak	Native Village of Tununak	333	315	445	1469	VC	YKDRH	ANMC	YŁ	KDRI	Н
Nightmute	Native Village of Nightmute	200	197	270	914	VC	YKDRH	ANMC	YŁ	KDRI	Н
Chefornak	Village of Chefornak	424	386	520	1726	VC	YKDRH	ANMC	YŁ	KDRI	Н
Mekoryuk	Native Village of Mekoryuk	198	203	257	900	VC	YKDRH	ANMC	Yŀ	DRI	
Total		22,019	20,714	27,847	93,260					57	ſ

#### **ORGANIZATIONAL DESCRIPTION**

Founded in 1969, the Yukon-Kuskokwim Health Corporation is a private, non-profit health corporation providing primary care, educational, preventive health and planning services to the people of the Yukon-Kuskokwim Delta. YKHC is a P.L. 92-638 organization owned and governed by the 58 Federally-recognized Tribes in the region. The Corporation is compacted with the Indian Health Service to provide IHS-funded health care programs for the 23,000 Alaska Native residents of the Bethel service area.

On October 1, 1991 the Corporation assumed operation of the 50-bed Yukon-Kuskokwim Delta Regional Hospital from the Indian Health Service. The Corporation operates three sub-regional clinics and 44 village clinics as well as a variety of behavioral health, substance abuse treatment and staff housing facilities in Bethel. YKHC is the only Alaska Native regional health corporation that operates a dedicated air ambulance service (AeroMed International).

A 20-member Board of Directors governs YKHC. The Board of Directors is the chief policy making body of the Corporation, exercising overall control, management and supervision through the President/CEO.

#### **HEALTH SERVICES PRIORITIES**

The Strategic Plan for YKHC has five main components:

- 1. Employee focus
- 2. Alaska Native workforce development
  - \$3.6 million was invested into this program last year
  - UAA School of Nursing now has a 2-year nursing program at the local Community College
- 3. Financial Viability For 6 of the past 7 months, the capture of 3<sup>rd</sup> party revenue exceeded the amount anticipated.
- 4. Community and partner relationships
- 5. Patient centered excellence

Prevention of injury-caused accidental deaths (leading cause on the Y-K Delta)

- Increase immunizations rates to IHS standards
- Increase well-child screening rates to meet corporate standards
- Decrease risk behaviors leading to lung cancer (highest rate cancer on the Y-K Delta)
- Increase access to preventative cancer screening services (including colo-rectal cancers)

#### ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

#### Near Term

- Replacement of the existing adult residential substance abuse treatment facility
- Begin construction in the fall of an 18 bed assisted living facility
- Planning for a 40,000 square foot addition for a Primary Care Center
- Planning for a RPTC

#### Long Term

- New water safety training facility to serve the needs of the Y-K Delta
- By 2015 add an additional 40,000 SF of patient care space to the YKDRH
- By 2015 all YKHC Village Clinics will be <20 years old</li>
- Increase YKDRH OB/delivery/neonatal care capacity to reduce the number of high risk/C Section transfers to Anchorage.
- Additional staff housing on the YKDRH campus
- Advanced imaging capability at YKDRH, i.e., CAT Scan/MRI facility

LOCATIONS OF EXISTING FACILITIES	BLS ID	RP Det Desc	GSM
AKIACHAK VC	714	Outpatient Clinic, Limited Staff	166.38
AKIAK VC	6280	Outpatient Clinic, Limited Staff	236.00
ALAKANUK VC	6325	Outpatient Clinic, Limited Staff	174.00
ALASKA NATIVE HLTH CNTR	6318	Outpatient Clinic, Limited Staff	1,054.32
ALASKA NATIVE HLTH CNTR	6319	Garage, Government Vehicle	83.61
ALASKA NATIVE HLTH CNTR	6323	Outpatient Clinic, Limited Staff	1,003.32
ALASKA NATIVE HLTH CNTR	6324	Maintenance Shop	83.61
ALASKA NATIVE HLTH CTR	876	Health Center, Full Serv, 40 hrs or more	948.00
ALASKA NATIVE HLTH CTR	7314	Garage, Government Vehicle	117.00
ANIAK HEALTH CTR	877	General, Admin Building	119.66
ANVIK VC	6326	Outpatient Clinic, Limited Staff	98.01
ATMAUTLUAK VC	6327	Outpatient Clinic, Limited Staff	89.00
BETHEL COMMUNITY OUTPATIENT	6094	Counseling, ASAP	199.92
BETHEL COMMUNITY OUTPATIENT	6095	Counseling, ASAP	209.03
BETHEL COMMUNITY OUTPATIENT	6096	Counseling, ASAP	107.02
BETHEL COMMUNITY OUTPATIENT	6126	General, Institutional Support	827.65
BETHEL COMMUNITY OUTPATIENT	6320	General, Admin Building	5,685.39
BETHEL COMMUNITY OUTPATIENT	6321	Outpatient Clinic, Limited Staff	832.38
BETHEL COMMUNITY OUTPATIENT	6322	General, Institutional Support	622.06
CHEFORNAK VC	6328	Outpatient Clinic, Limited Staff	86.95
CHEVAK VC	6329	Outpatient Clinic, Limited Staff	263.46
CHUATHBALUK VC	732	Outpatient Clinic, Limited Staff	78.00
CROOKED CREEK VC	829	Outpatient Clinic, Limited Staff	100.00
EEK VC	738	Outpatient Clinic, Limited Staff	71.00
FORTUNA LEDGE VC	707	Outpatient Clinic, Limited Staff	151.61
GRAYLING VC	828	Outpatient Clinic, Limited Staff	83.42
HOLY CROSS VC	746	Outpatient Clinic, Limited Staff	191.00
HOOPER BAY VC	848	Outpatient Clinic, Limited Staff	198.00
KASIGLUK VC	753	Outpatient Clinic, Limited Staff	125.00
KIPNUK VC	756	Outpatient Clinic, Limited Staff	142.69
KONGIGANAK VC	758	Outpatient Clinic, Limited Staff	89.18
KOTLIK VC	759	Outpatient Clinic, Limited Staff	134.00
KWETHLUK VC	762	Outpatient Clinic, Limited Staff	166.38
KWIGILLINGOK VC	763	Outpatient Clinic, Limited Staff	137.00
LIME VILLAGE VC	858	Outpatient Clinic, Limited Staff	44.59
LOWER KALSKAG VC	766	Outpatient Clinic, Limited Staff	137.00
MEKORYUK VC	767	Outpatient Clinic, Limited Staff	79.00
MOUNTAIN VILLAGE VC	770	Outpatient Clinic, Limited Staff	171.12
NAPAKIAK VC	772	Outpatient Clinic, Limited Staff	92.90
NAPASKIAK VC	773	Outpatient Clinic, Limited Staff	181.99
NEWTOK VC	775	Outpatient Clinic, Limited Staff	53.00
NIGHTMUTE VC	701	Outpatient Clinic, Limited Staff	85.00
NIGHTMUTE VC	7006	Outpatient Clinic, Limited Staff	180.00
NUNAM IQUA VC	801	Outpatient Clinic, Limited Staff	71.35
NUNAM IQUA VC	7007	Outpatient Clinic, Limited Staff	180.00

LOCATIONS OF EXISTING FACILITIES	BLS ID	RP Det Desc	GSM	
NUNAPITCHUK VC	782	Outpatient Clinic, Limited Staff	136.00	
OSCARVILLE VC	784	Outpatient Clinic, Limited Staff	54.00	
PHS Indian Health Station	871	Health Station, Full Serv, 40 hrs or les	97.36	
PHS Indian Hospital	1014	Hospital Supplies	1,138.77	
PHS Indian Hospital	1018	Garage, Government Vehicle	133.78	
PHS Indian Hospital	1019	General	464.50	
PHS Indian Hospital	1024	Garage, Government Vehicle	59.46	
PHS Indian Hospital	1025	General	53.51	
PHS Indian Hospital	1026	General	176.51	
PHS Indian Hospital	1052	Sanitary, Central Sewage Treatment Plant	71.07	
PHS Indian Hospital	1057	Maintenance Shop	185.80	
PHS Indian Hospital	1058	General	27.87	
PHS Indian Hospital	1092	Hospital, 5 - 50 beds	8,825.50	
PHS Indian Hospital	1098	General	27.87	
PHS Indian Hospital	7315	Hospital, 5 - 50 beds	224.00	
PILOT STATION VC	787	Outpatient Clinic, Limited Staff	180.00	
PITKAS POINT VC	788	Outpatient Clinic, Limited Staff	92.81	
QUINHAGAK VC	793	Outpatient Clinic, Limited Staff	105.81	
RUSSIAN MISSION VC	795	Outpatient Clinic, Limited Staff	180.00	
SCAMMON BAY VC	799	Outpatient Clinic, Limited Staff	98.00	
SHAGELUK VC	836	Outpatient Clinic, Limited Staff	26.76	
SHAGELUK VC	7008	Outpatient Clinic, Limited Staff	180.00	
SLEETMUTE VC	699	Outpatient Clinic, Limited Staff	150.00	
STONY RIVER VC	698	Outpatient Clinic, Limited Staff	82.00	
TOKSOOK BAY VC	810	Outpatient Clinic, Limited Staff	133.78	
TULUKSAK VC	811	Outpatient Clinic, Limited Staff	92.90	
TUNTUTULIAK VC	812	Outpatient Clinic, Limited Staff	114.00	
TUNUNAK VC	813	Outpatient Clinic, Limited Staff	86.00	
UPPER KALSKAG VC	816	Outpatient Clinic, Limited Staff	89.18	

## **SERVICES AT EXISTING FACILITIES**

## **YKHC**

ANIAK SUBREGION	TeleMed	CHA	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	NHA	Urgent Care	CHR	Community Health	Office Assist/Billing	Health Records
Aniak	•	•														
Anvik	•	•	•	•	•	•	•	•	•		•	•	•		•	•
Chuathbulak	•	•													•	
Crooked Creek	•	•														
Grayling	•	•														
Holy Cross	•	•														
Lime Village	•	•														
Lower Kalskag	•	•														
Napaimute															•	
Russian Mission	•	•														
Shageluk	•	•													•	
Sleetmute	•	•														
Stoney River	•	•														
Stony River	•	•														
Upper Kalskag	•	•														
BETHEL SUBREGION	TeleMed	CHA	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	PHN	Urgent Care	CHR	Community Health	Office Assist/Billing	Health Records
Akiachak	•	•													•	
Akiak	•	•													•	
Atmautluak	•															
Bethel	•	ОР														
Eek	•															
Kasigluk	•														•	
Kipnuk	•														•	
Kongiganak	•														•	
Kwethluk	•														•	
Kwigillingok	•														•	
Napakiak	•														•	
COMMUNITY	Tele Med	CHA	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	PHN	Urgent Care	CHR	Community Health	Office Assist/Billing	Health Records
Napaskiak	•	•														
Nunapitchuk	•	•														
Oscarville	•	•														
Quinhagak	•	•														
Tuluksak	•	•														

ANIAK SUBREGION  Tuntutuliak	<ul><li>TeleMed</li></ul>	• CHA	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	PHN	Urgent Care	CHR	Community Health	Office Assist/Billing	Health Records
EMMONAK SUBREGION																
Alakanuk	•	•														
Emmonak	•	•	•		•	•	•		•		•	•	•		•	•
Kotkik	•	•														
Nunam Iqua	•	•														
St. Mary's Subregion	ТеюМед	CHA	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	NHA	Urgent Care	CHR	Community Health	Office Assist/Billing	Health Records
Marshall	•															
Mountain Village	•															
Pilot Station	•															
Pitkas' Point	•															
Saint Mary's	•	•	•		•	•	•	•	•		•	•	•		•	•
HOOPER BAY SUBREGION	Tele Med	CHA	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	PHN	Urgent Care	CHR	Community Health	Office Assist/Billing	Health Records
Hooper Bay	•	•													•	
Scammon` Bay	•	•													•	
_ ·															•	
Chevak	•	•													Ŭ	
TOKSOOK BAY SUBREGION	Tele Med		Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	PHN	Urgent Care	CHR	Community Health	Office Assist/Billing	Health Records
	ele Med		Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	NHG	Urgent Care	CHR	Community Health		Health Records
TOKSOOK BAY SUBREGION  Newtok	<ul><li>Tele Med</li></ul>		Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	AH A	Urgent Care	CHR	Community Health		Health Records
TOKSOOK BAY SUBREGION  Newtok Tununak	Tele Med		Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	NHA	Urgent Care	CHR	Community Health		Health Records
TOKSOOK BAY SUBREGION  Newtok Tununak Nightmute	Tele Med		Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Elder Programs	EMS	NHA	Urgent Care	CHR	Community Health		Health Records
TOKSOOK BAY SUBREGION  Newtok Tununak	Tele Med		Primary Care	Pharmacy Outpatient	● Lab	Radiology	Dental	<ul><li>Behavioral</li><li>Health</li></ul>	Elder     Programs	EMS	• DHN	Urgent Care	CHR	Community Health		Health     Records

## PRIMARY SERVICE DELIVERY PLAN Effective June 03

#### **PURPOSE**

This plan is designed to support improvement and innovation in the delivery of patient care within the Yukon-Kuskokwim Health Corporation including nursing practice. Patient care services are organized in response to patient needs as identified in the organization's planning process, the mission of the hospital and the goals of each division.

#### MISSION

"To achieve the greatest possible improvement in the health status of the people of the Yukon-Kuskokwim Delta Region of Alaska. We are committed to the development of culturally relevant programs for primary care, prevention and health promotion in a setting that fosters Native self-determination in the control and management of health delivery."

#### PHILOSOPHY OF PATIENT SERVICES

YKHC's philosophy of patient care delivery is consistent with the mission statement, recognizing each patient as an individual, a member of a family, and a member of the community, around which all patient care activities center. The design of patient care services throughout the organization is appropriate to the scope and level of care required by the patients served. We believe each patient has the right to receive quality care regardless of handicap, race, creed, color, sex, or national origin to the maximum extent allowed by P.L. 93-638, the Indian Self-Determination and Education Assistance Act of 1975. We respect the individuality and dignity of each patient as reflected in the patient's bill of rights, and the patient's right to determine near end of life decisions. We further believe that patients enter the hospital for planned and monitored individualized care that will result in patients achieving an improvement in their health status. Patient care delivery addresses the complex (holistic) nature of patients by focusing on their physiological, psychological, spiritual and social needs. Care is accomplished through effective communication and collaborative efforts of nursing service, ancillary departments, medical staff, Village Operations, Behavioral Health, Home Care and administration. The Yukon-Kuskokwim Health Corporation operates the sole hospital in the region.

The Community Health Aides are provided support 24 hours per day, 7 days a week through radio (telephone) communications with Yukon-Kuskokwim Health Corporation physicians who assist them in meeting the unique needs of the isolated communities. This support includes, but is not limited to, teaching acute and chronic management of the patient, assistance with triage and transport if indicated. Additionally, the Corporation is committed to supporting and/or initiating the development of subregional clinics in collaboration with the villages. Aniak, St. Mary's, and Emmonak have such a clinic with one more being built in the village of Toksook Bay.

The Corporation management believes in providing the highest quality family-oriented health care through open communications with the customer/owners where the focus is to understand and to meet their expectations. This focus is enabled through effective communication systems, staff education and training, functional team process improvement, work redesign, and an empowered work force.

#### **DEFINITION OF PATIENT SERVICES, PATIENT CARE AND PATIENT SUPPORT**

Patient services at YKHC are provided through an organized and systematic process designed to ensure the delivery of safe, effective, and timely care and treatment in an atmosphere that promotes respect and caring. The provision of patient care delivery requires specialized knowledge, judgment, and skill derived from the principles of physical, biological, behavioral, psychosocial and medical sciences. As such, patient services will be planned, coordinated, provided, delegated, and supervised by professional health care providers who recognize the unique physical, emotional and spiritual needs of each person. Patient care encompasses the recognition of both disease and health, patient education and advocacy. Patient care encompasses both disease and health including patient education and advocacy, and is collaboratively provided and coordinated by YKHC administrative leaders, medical staff, nursing staff and other health care professionals functioning as an interdisciplinary team to achieve positive patient outcomes.

- Patient Services Services provided by those departments that have direct contact with patients
- Patient Care Services provided by those professionals who are also charged with patient assessment and planning, based upon findings from interdisciplinary assessments

 Patient Support – Services provided by a variety of individuals and departments who may not have direct contact with the patients, but who support the care provided by the hands-on care providers.

#### STANDARDS OF PATIENT CARE

The patients at YKHC can expect to receive the following: The right procedures, treatments, interventions, and care will be provided according to the established policies, procedures and protocols that have been developed to ensure patient safety. Efficacy and appropriateness of procedures, treatment, interventions, and care provided will be demonstrated based upon patient assessments/reassessments and practice to produce desired outcomes with respect for patient rights and confidentiality.

Systems and services of care delivery (assessments, procedures, treatments, and interventions) will be designed, implemented and evaluated consistent with a customer-focused philosophy which will be demonstrated through:

- An attitude of compassion, respect, and dignity for each individual without bias;
- a manner that best meets the individualized needs of the patient population;
- · efficiency based upon the individualized needs of our patients;
- coordination through multidisciplinary team collaboration, to ensure continuity and seamless delivery of care to the greatest extent possible; and
- efficient use of the organization's financial and human resources by streamlining of processes, enhanced communication/information systems, continuing staff education, and technological enhancements;
- sufficient information about YKHC services, how to access care as well as patient rights and responsibilities to enable them to make informed choices about their care

#### SCOPE OF SERVICES PROVIDED

The population utilizing health care services of Yukon-Kuskokwim Health Corporation covers the spectrum from the newborn to the geriatric patient. Services provided at Yukon-Kuskokwim Delta Regional Hospital are a component of the four-tier delivery system, which is essential for the effective utilization of resources while providing the needed levels of care to the residents of the Yukon-Kuskokwim region that we serve. The four-tiers of this delivery system are: 1) Village Services, 2) Services at the sub-regional clinic, 3) Acute and ambulatory services provided at YKDRH and 4) Services which are not available at YKDRH and are provided by ANMC in Anchorage with YKDRH coordinating transportation and transfer. Services that exceed the capacity of this four-tier system will have their care coordinated with a tertiary facility in the Northwest that can meet the individual needs. Each patient care service department has a defined scope of care, which includes:

- Types (such as most frequent diagnosis) and ages of patients served
- Types of services most frequently provided (such as procedures, services, etc.)
- Hours of operation and method used for ensuring that the hours of operations meet the needs of the
  patients to be served with regard to availability and timeliness and the high-tech skills of the care
  providers that may be expected

#### STAFFING PLANS

Staffing plans for patient care service departments are based on the level and scope of care that is needed, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately (competently, comfortably, and confidently) provide the type of care needed.

Each department has a staffing plan that is reviewed regularly based on the following: utilization review, employee turnover, performance assessment and improvement activities and changes in customer needs/expectations.

#### **STRUCTURE**

The Full Board of Directors of the Yukon-Kuskokwim Health Corporation consists of 21 members. Their Administrative Service Unit of Tribes elects the twenty (20) members; the 21<sup>st</sup> member is an honorary lifetime member. Nine of the members are elected to office. Those nine members also act as the Executive Board of Directors of the Full Board. In addition, the President/CEO of the Yukon-Kuskokwim Health Corporation is an Ex-Officio member. All of the 21 Board of Directors are Yukon-Kuskokwim Delta Alaskan Natives. All members remain residents of their respective Administrative Service Units.

The Full Board of Directors is the chief policy-making body of the Corporation. The Board of Directors exercises overall control, management and supervision of the Corporation. The Full Board of Directors meets

twice a year in November and April. The President/CEO, Executive Vice President, Vice President of Health Services, Chief Financial Officer, Corporate Medical Director, General Counsel, Native Hire Coordinator, and Compliance Administrator reports regularly to the Full Board of Directors.

The Executive Board of Directors of the Yukon-Kuskokwim Health Corporation consists of eight members elected by the Full Board of Directors at its annual meeting in November. The Honorary Board member is the ninth member of the Executive Board. In addition, the President/CEO of the Yukon-Kuskokwim Health Corporation serves as the Ex-Officio member of the Executive Board. All nine members are Yukon-Kuskokwim Delta Alaskan Natives.

The Executive Board of Directors acts on behalf of the Full Board of Directors in performing those functions cited previously to assure issues are dealt with in a timely manner. The Executive Board meets every other month (February, April, June, August, October and December). The President/CEO, Executive Vice President, Vice President of Health Services, Chief Financial Officer, Corporate Medical Director, General Counsel, Native Hire Coordinator, and Compliance Administrator provide regular reports to the Full Board of Directors.

The governing body of Yukon-Kuskokwim Delta Regional Hospital (YKDRH) consists of eight members, seven elected by the Board of Directors of the Yukon-Kuskokwim Health Corporation (YKHC) at its annual meeting from among the members of the YKHC, none of who shall be a member of the YKHC Executive Board. The YKHC Executive Board appoints one of its own members to serve as the 8th member of the governing body; In addition, the Full Board Chair, the YKHC Vice-President of Health Services (VPHS) and the YKHC Medical Director are ex-officio members. The eight voting members are Yukon-Kuskokwim Delta Alaska Natives. The YKHC Board of Directors may seat an Honorary Board member as a ninth voting member.

The governing body provides overall policy and direction for the YKDRH. The Body addresses issues related to quality of care in patient care services provided in the facility while also participating in the planning process for new or expanded services for the region. The Governing Body meets every other month (January, March, May, July, September and November). The YKDRH Patient Care Services (PCS) Administrator, the Clinical Services Director, the Chief Nurse Executive, the Quality Management Administrator, and Safety Manager also attend and present at the meetings.

#### **MEDICAL STAFF**

The majority of the medical staff is employed by YKHC and report to the Clinical Director. They are aligned using a group practice model and meet regularly as a whole. Individual physician managers and committees of the medical staff participate in the development and review of policies and procedures relating to patient care services with final approval from the Medical Staff Executive Committee and the Governing Body/VPHS. The following committees are composed of medical staff members as well as representatives from nursing and other ancillary services that participate in the provision of patient care services:

#### **Patient Safety Committee:**

Ethics Committee Human Studies Committee Surveillance & Infection Patient Care

Assessment/Continuum of Care: Emergency Department Committee Surgery/Anesthesia Committee OB High Risk Team

Pharmacy & Therapeutics Committee
Infection Control Committee

#### **Performance Improvement:**

Performance Improvement Coordinating Council Performance Improvement Coordinating Council Subcommittee

Patient Safety Committee

Medical Staff Performance Improvement Committee

Leadership: Medical Leadership Meetings
Medical Staff Executive Committee

#### Management of the Environment:

Safety Committee

Scope of care and service of each practicing and licensed member of the medical staff is delineated through the clinical privileging process according to the Bylaws and policies and procedures of the medical staff. The Emergency Department is staffed with a physician on-site 24 hours per day, 7 days per week to meet patient care needs. Individual service committee's scopes of services are outlined in the Bylaws and policies and procedures of the medical staff.

Decisions regarding the administrative policies for the medical staff are the responsibility of the President of the Medical Staff and individual department physician directors in conjunction with the Clinical Director. They collaborate with the governance leaderships of the hospital on decision-making related to planning and achievement of goals as well as resources available for establishing acceptable standards of care to further the improvement of provision of patient care.

## **LEADERSHIP**

Under the provisions of the Indian Self-Determination Act of 1975, Yukon-Kuskokwim Health Corporation (YKHC), a Tribal Organization, provides health care on be-half of the 58 federally recognized tribes in the Yukon-Kuskokwim Delta Region of Alaska. The Indian Self-Determination Act of 1975 authorizes the local control of health care programs and funding previously administered by the Indian Health and allows the Yukon-Kuskokwim Health Corporation to stand in the shoes of the federal government. YKHC is also a non-profit regional health corporation, chartered under the laws of the State of Alaska.

The Leadership Team of the Yukon-Kuskokwim Health Corporation is comprised of the Chief Executive Officer (CEO), the Executive Vice President, the Chief Financial Officer (CFO), the Vice President of Health Services, Vice President of Support Services, Legal Counsel, Chief Nurse Executive, Deputy Director of Health Services, Special Assistant to the Vice President of Support Services, Director of Human Resources, Native Hire Coordinator, Corporate Medical Director, the Chief Information Officer, and Performance Improvement Administrator. The Leadership Team meets weekly. The primary purpose of the Leadership Team is to systematically develop corporate strategy and drive strategic and organizational performance measures. The Leadership Team also acts as the Performance Improvement Coordinating Council.

The Extended Leadership Team meets weekly and is comprised of the Leadership Team plus the President of the Medical Staff and the Health Services Team. The purpose of the Extended Leadership Team is to operational in nature and is systematically align, deploy and continuously improve operational and organizational performance.

The Health Services Team (HST) meets weekly and is responsible for the systematic alignment, deployment and continuous improvement of health care processes and health care outcomes of the organization. The Health Services Team (HST) is comprised of the Vice President of Health Services, Deputy Director of Health Services, Chief Nurse Executive, Village Operations Administrator, Behavioral Health Administrator, Behavioral Health Clinical Director, Clinical Director, Patient Care Services Administrator, Performance Improvement Administrator, and representatives from Corporate Finance.

YKHC management decision-making philosophy supports decision-making at the lowest level of the organizational structure possible, as close to the point-of-service as practical.

All departments report to an administrative division and function in a decentralized yet coordinated interdisciplinary method. Placing responsibility and authority for decision making at the level nearest the situation supports the goal of delivering the highest quality service in an environment conducive to professional practice. Each staff member is directly responsible to a supervisory person within the department where assigned. Each supervisory person is directly responsible to one of the division administrators. The leadership of YKHC works to develop and maintain an organizational culture that sets a priority on cooperative multidirectional formal and informal communications. It is each individual's responsibility to build and implement an overall environment that facilitates an interdisciplinary approach to providing patient care and maintains an open communication system.

Each department/unit participates in the organizations' performance improvement process that measures organizational functions relative to the attainment of organizational goals and participates on interdisciplinary teams as indicated by the work function being reviewed. Each division completes an annual year-end report

on its performance. The Governing Body, Executive Board and Full Board of Directors reviews and approves these reports. The Corporation publishes an annual "Report to The People," a Corporate report to our customer/owners.

## ORGANIZATIONAL ASSESSMENT AND PERFORMANCE IMPROVEMENT

## **Performance Improvement Activities**

The organizational performance improvement plan for YKHC provides for the involvement of all services working together using the interdisciplinary model to arrive at decisions to modify or change practices. Performance improvement begins with the analysis of current work practices concurrently with the evaluation of community/patient need for expanded or new services. Throughout the continuous performance improvement process, the tools of measurement, assessment, and design are utilized to assure effective and positive outcomes. In conjunction with the identified needs of the community/patients, staff, professional literature, databases and resources are utilized in decision making to arrive at the optimal conclusion based upon the organizational mission, vision and strategic plans. Measurement of results is an integral component of the performance improvement process that addresses both processes and outcomes. Performance measures are in place to evaluate high risk/high volume and/or problem prone processes. All departments are responsible for participating in the organization's Performance Improvement plan Components of this program are:

- Quality Control
- Performance Improvement
- Organizational Alignment

In addition, to monitoring and improving performance and patient care, the performance improvement plan seeks to reduce the incidence of error, correct problems as identified and reduce liability. It is the strong belief of YKHC that effective systems are essential to achieve the desired level of individual performance and the best possible outcomes.

Performance Improvement is an essential component of all activities at YKHC. Staff participates at all levels of the process. The following functional areas are utilized to impact the activities of all performance improvement team and departments.

- Leadership
- Human Resources
- Assessment of Patients
- Care of Patients
- Continuum of Care
- Education
- Environment of Care
- Management of Information
- Surveillance, Prevention, and Control of Infections
- Patient Rights

Performance improvement teams and departments monitor their projects and report their results through the performance improvement coordinating council to the Governing Body. At YKHC, we believe that performance improvement is "doing what we do well better." All performance improvement teams and departmental improvement efforts will utilize the Plan – Do-Study Act (PDSA) process for their activities.

## **Patient Safety Program:**

It is the goal and organizational priority of the Yukon-Kuskokwim Health Corporation (YKHC) to create a culture which values disclosure of errors and process improvement. To accomplish this, the Patient Safety Program provides for non-punitive reporting, surveillance and analysis of event processes among YKHC employees that:

- Encourage the reporting of medical errors/accidents and close call events
- Consistently use quality improvement and system analysis to identify, analyze, and design processes that minimize the possibility of errors occurring.
- · Creates new knowledge from close call and significant events and from actual medical/health error
- Analyze and disseminate information and knowledge within the organization and throughout YKHC to improve patient safety

## **CLINICAL GUIDELINES AND MEDICAL OUTCOMES**

The performance improvement provides guidance and direction that is supported by evidence-based medicine for development and implementation of clinical guidelines. The goal of YKHC is to assure consistent care in accordance with national standards for the population we serve. The Performance Improvement department works intimately with the medical staff to develop and implement clinical guidelines. After guideline implementation, monitoring and evaluation of clinical guideline compliance and medical outcomes is performed.

## **ORGANIZATIONAL AND FUNCTIONAL RELATIONSHIPS**

Patient care services are organized, directed and staffed in a manner commensurate with the scope of services offered. The organizational chart reflects the relationship of departments/services within the responsibility held by the Vice President of Health Services, Clinical Director, Village Operations Administrator, Behavioral Health Administrator, Patient Care Services Administrator, Chief Nurse Executive, and Department Managers participate in the systematic implementation of effective mechanisms designed to:

- 1. Foster communication between and among individuals and components of the organization and coordinate internal activities.
- 2. Develop policies and procedures collaboratively with associated department/services to assure equivalent practices in all areas.
- 3. Foster participation as related to their responsibilities in cross organization activities to improve organizational performance.

Services are planned based on the direct input of the customer/owner as represented by an elected Board of Directors, the patient populations served, the organization's mission and identified individual patient care needs. Patient care needs are identified through review of patient feedback and review of community feedback. The hospital gathers, assesses and takes appropriate action on information regarding the patient's satisfaction with the services provided. Patient care services are then organized in response to patient needs as identified in our planning process and described in the following plan for the provision of services that is outlined departmentally.

## **SUPPORT SERVICES**

Other services are available and provided to ensure that direct patient care and services are maintained in an uninterrupted and continuous manner by coordinated, identified organizational functions such as: leadership/management, information systems, safety and environmental care, infection control and performance improvement. These services support the comfort and safety of the patient and the efficiency of services available and are fully integrated with the patient service departments of the organization.

## INTEGRATION OF PATIENT CARE AND SUPPORT SERVICES

The importance of a collaborative multidisciplinary team approach, which takes into account the unique knowledge, judgment, and skills of a variety of disciplines in achieving desired patient outcomes serves as a foundation for integration. Open lines of communication exist between all departments providing patient care, patient services, and support services within the organization, and as appropriate, with community agencies, to ensure provision of patient care that is effective, efficient and rendered at the same level to the entire patient population.

To facilitate effective interdepartmental relationships, problem solving is encouraged at every level of the organization. Organizational administration maintains an "open-door" policy, which serves as a model for all personnel to openly and constructively discusses issues and seek mutually acceptable solutions. Supervisors and managers have the authority to mutually solve problems and seek solutions within their sphere of influence. Positive interdepartmental communications are strongly encouraged as part of our customer focus philosophy.

Employees from departments providing patient care services need to maintain open communication channels and forums with one another, as well as with support service departments to ensure continuity of patient care, maintenance of the patients' environment and positive patient outcomes. Regular contacts occur between all departments: how the support services relate to the patient care service departments are identified below.

## **DEPARTMENTAL SCOPE OF SERVICES**

## **ADMINISTRATION**

All departments have a division administrator who serves as a member of the YKHC Extended Leadership Team. During normal working hours, there is always at least one administrator on site. The Chief Executive Officer is the highest official for the corporation. The Executive Vice President, General Council, Vice President of Health Services, Vice President of Support Services and the Vice President of Finance, are the highest administrative officers for their divisions. In the absence of anyone of these senior leaders, another Leadership Team member or administrator is designated to act in his stead. During off-duty hours an administrator can be reached by pager or at home by telephone. An Administrator on-call system provides for continuous coverage.

## **A**ERO**M**ED

**Scope of Care Provided** - AeroMed provides air transport services that urgent medical patient transport as well as Critical Air Ambulance movements. Patients range from infants to geriatrics and are moved from the villages to Bethel, villages to Anchorage, and Bethel to Anchorage.

Additionally, AeroMed supports the statewide Air Ambulance contract for movements throughout the state of critical patients.

**Mechanism Used to Identify Patient Care Needs -** Regular evaluation of movements is evaluated to determine efficacy of the service. Requests for additional services are taken under consideration, evaluated fully, and acted on as possible from a fiscal and human resource perspective.

How the Department is Staffed to Meet Patient Care Needs - The AeroMed Department is staffed utilizing RN's who are Critical Care and Flight trained, Paramedics who are flight trained, and clerical staff in support positions. There are 32.5 FTE's in this department.

**Process for Acting on Positive and Negative Variances -** Positive variances are managed through the use of on-call and assignment of administrative tasks. Negative variances are managed through the use of on-call staff that have completed an orientation and demonstrated required competencies.

## **ANESTHESIA SERVICES:**

**Scope of Care Provided** - All levels of anesthesia services are provided for our patient population. The clinical ages range from 2 years old to the elderly. We do not offer elective surgery to patients under two except for short procedures, i.e. myringotomies. We do not offer elective services to patients with American Society of Anesthesiologist (ASA) classification 3 or above except in emergency circumstances. The Department of Anesthesiology provides services for elective procedures Monday - Friday, 8 AM - 4:30 PM. Anesthesia services are available on-call for emergencies and emergent cases 24 hours a day, 7 days a week, including holidays.

Mechanisms Used to Identify Patient Care Needs - The Anesthetist in conjunction with the Operating Surgeon performs the patient evaluation. The ASA classification and anesthesia plan is agreed upon after review of the evaluation, by the Operating Surgeon except pediatric dental where additional clearance by the Pediatricians is required. New agents or techniques are introduced into the practice by didactic learning at a university sponsored Anesthesia Seminar and may be reinforced with clinical training taking place at ANMC under the tutelage of the Chief of Anesthesiology or his designee. New agents and techniques are first introduced through the Surgical - Anesthesia Committee, and then approved by the Medical Staff. How the Unit is Staffed to Meet Patient Care Needs - A Certified Registered Nurse Anesthetist (CRNA) who works under the general direction of the Chief of Surgery staffs the Department. The Anesthetist is an Independent Practitioner who also has consultative access to the Chief of Anesthesiology at ANMC.

The Anesthetist is a member of the Acting Medical Staff and is credentialed through the Medical Staff Office. Process used for Acting on Positive or Negative Variances:

The Anesthetist is on-call 24 hours a day, 7 days a week. Arrangements have been made for this individual to be off 6 days each month. An Anesthetist who has been credentialed by the Medical Staff provides coverage. In case of sudden unavailability of the Anesthetist, all cases would be diverted until a satisfactory replacement could be found.

## **A**UDIOLOGY

**Scope of Services -** The primary functions provided are diagnostic, audiology evaluations, vestibular evaluations, specialized auditory pathway evaluations, hearing aid dispensing, and auditory rehabilitation. The audiology program maintains the ENT Data Base and schedules ENT Specialty Field Clinics. The sites for these services are at YKDRH but patients are also seen in the villages and the audiologist works with hearing impaired students in the schools. Clients range in age from birth to elderly. The hours of operation are Monday through Friday, 8:00 AM - 4:30 PM.

**Mechanism Used to Meet Patient Care Needs** - A hearing assessment is performed based on the patient's history and results of a diagnostic hearing test. Based on these results, an individual patient care plan is developed which may include referral for medical treatment, telemedicine consult, assessments for amplification or surgery.

**How the Unit is Staffed to Meet Patient Care Needs -** The department is staffed with one audiologist licensed by the State of Alaska who is also certified by the American Speech Language Hearing Association, and one full-time administrative assistant.

**Process Used for Acting on Both Positive and Negative Variances -** The department will close if there are no scheduled appointments or tasks to be completed. When Audiology closes, a message is left on voice mail and a note is placed on the door. If the Audiologist is off, appointments are cancelled. No TDY or supplemental agency staff are used.

## **BEHAVIORAL HEALTH**

**Scope of Services -** In accordance with the mission the Yukon-Kuskokwim Health Corporation; we provide an array of holistic, life enhancing, culturally based behavioral health services for the people of the Yukon-Kuskokwim Delta.

The Yukon-Kuskokwim Health Corporation Behavioral Health, an integrated Mental Health and Substance Abuse service delivery system is comprised of four service components. Each component aligns similar services to allow for ease of access to care for clients, as well as, communication among programs and administration. The four components are Emergency Services, Village Services, Specialty Services, and Support Services.

Emergency Services - The Director of Emergency Services directly administers the Emergency Services component. Emergency On-Call Responders-Emergency Services Clinicians and Complex Care Managers are available twenty-four hours per day to respond to behavioral health crisis for all individuals in the Yukon-Kuskokwim service area. The responders provide immediate mental status examinations and work with the primary care providers in the village or hospital to plan care for management of the crisis and follow-up of the individual. The Clinicians are Master's level prepared in Human Services with both experience and specialized training in the fields of Mental Health and Substance Abuse Treatment. The Complex Care Managers are experienced counselors whose specialty area is working in the field of Substance Abuse treatment. YKDRH and Pathways together have developed a system for inpatient hospital evaluation for up to seventy-two hours. This program is a designated evaluation bed for the State of Alaska that allows for involuntary commitment if necessary. On-Call Attendants are available to stay with an individual admitted to the hospital for evaluation when ordered by an admitting physician to provide safety and security for a client. During the evaluation period comprehensive mental health and substance abuse assessments are completed by the Emergency Services Clinician or Complex Care Manager assigned to case manage the client within the behavioral health system of care. The Emergency On-Call Response Team is available twenty-four hours per day at 543-6100 or 1-800-478-2642. These teams schedule one clinician and one complex care manager at all times. Six full time equivalent positions are hired for this service. This service also employs one FTE to maintain a pool of on-call attendants who are called in on an as needed basis. Further, back up is available as needed through the Director of Emergency Services and the Behavioral Health Administrator.

Crisis Respite Center (CRC) is a program that provides emergency support services for individuals experiencing a life crisis so disruptive it cannot be managed in an outpatient setting. The Center provides evaluation, treatment, and referral in a voluntary setting for those individuals needing to be monitored and protected. The program also works closely with the Alaska Psychiatric Institute (State Hospital) for treatment that is not available locally. The alternative setting provided by the Crisis Respite Center ensures the client's needs are met closer to their home community and in a culturally sensitive manner. Populations served include all adults over the age of eighteen in the region who are displaying symptoms or behaviors that may be life threatening to themselves or others, or creating such disruption in their daily

functioning that intensive interventions, including out of region or out of state placement are imminent. Priority population for this service is pregnant women, severely emotionally disturbed adults, IV drug users, and persons diagnosed with HIV/AIDS. This service employs one full time coordinator, four full time staff and supplement part-time staff as necessary to ensure twenty-four hour per day coverage for the facility.

Residential Diagnostic Treatment Center (RDT) provides evaluation and short-term residential treatment for children experiencing a life crisis so disruptive it cannot be managed in an outpatient setting. A hospital diversion program for children and adolescents, the RDT center offers an alternative to hospitalization in Anchorage for many, but like the adult CRC works closely with the Alaska Psychiatric Institute (State Hospital) for treatment which is not available locally. The RDT has the ability to address client needs in a culturally appropriate way by providing services closer to their home community, thus allowing family participation in treatment and by primarily employing staff that are Alaska native. Populations served include children ages six through seventeen in the region who are displaying symptoms or behaviors which may be life threatening to themselves or others, or creating such disruption in their daily functioning that intensive interventions, including out of region or out of state placement, are imminent. Priority population for this service is those children who are in custody of the State of Alaska and severely emotionally disturbed children. This service employs one full time coordinator, mental health professional clinician services, medical supervision by a registered nurse, four full time youth counselors and part time staff as necessary to provide no less than a one to three staff ratio during waking hours and one to five staff to client ratio during sleeping hours. Additional staffing is employed should it be necessary to ensure the safety of any individual client

2. Village Services The Children's Special Projects Director reports to the Behavioral Health Administrator. The primary focus of the five-year Child Mental Health Initiative project is to increase access to services for children and their families by building an enhanced system of care, which addresses the needs of children and their families region-wide. The Children's Special Projects Director is responsible for the development, implementation, and evaluation of this system of care to ensure greater access to services for the targeted population throughout the region. No direct services will be provided by this project before July 2001. Family Advocates are regional positions with two primary purposes. First, to ensure support for the role of the family in the treatment planning process, and second, to provide assistance and input into the process of the evaluation of services. Those services will expand and enhance existing village services. The project employs a full time director, three evaluation staff, a communications specialist, and eight family advocates. The Director of Village Services administers all other aspects of the Village Services component.

The Director of Village Services directly supervises the Family Spirit Project. Family Spirit Project is a collaborative effort of the communities of the Yukon-Kuskokwim region, the Department of Health and Social Services, Division of Alcohol and Drug Abuse, Division of Family and Youth Services, the YKHC, Association of Village Council Presidents (AVCP), Tundra Women's Center (TWC), Orutsararmuit Native Council (ONC) and other community providers in the Yukon-Kuskokwim Delta area. The primary purpose of the project is to implement a community development model that strengthens families, using collaborative efforts of regional resources with local resources and traditional family life and values. The primary goal of the project is for children to be safer in their homes. The project ensures parents at risk of having parental rights terminated due to continuing abuse and neglect of children are receiving both encouragement and support to enter substance abuse treatment in a culturally appropriate manner. These parents are a priority population for entry into substance abuse treatment services provided by the Yukon-Kuskokwim Health Corporation. This service employs one full time staff person to coordinate the village projects.

Community Holistic Development provides technical assistance to Y-K Delta communities in the area of holistic health and prevention of substance abuse. Utilizing local resources, the Holistic Development Program conducts presentations on grief processes, youth conferences, healing circles, "Spirit Camps", and other health promotion activities. This program teams with other family-based counseling services to serve the communities. Families and individuals are viewed from a systems perspective while integrating the cultural, traditional, and spiritual values of the people. This services employs two full time staff members. Field Supervisors will provide direct supervision, develop training plans and offer technical assistance to the Village Clinicians, Village Wellness Counselors, Elder Counselors and Family Advocates. These individuals receive advanced preparation through the Rural Human Services program preparing them for their supervisory and facilitator roles. They will organize the regular treatment team meetings and facilitate the development of the treatment plan for patients receiving village-based services.

They will ensure timeliness and accuracy in submission of documentation and direct services billing of that that is provided in the village. This service employs six full time staff members. Village clinicians are Master's level prepared in Human Services with experience and specialized training in the both the fields of Mental Health and of Substance Abuse Treatment. They receive culturally appropriate training in supervision of native counselors and work closely with the village wellness counselors, clients, family and other providers to complete a holistic intake and develop treatment plans for implementation by the village based service providers. This service employs two full time staff members.

Village Wellness Counselors are helpers whose skills enable them to recognize and respond to a wide variety of human needs including crisis intervention, assessments, outpatient counseling and aftercare. They are most typically a resident of the community. The Village Wellness Counselors know the limits of their practice and are effective at networking to access resources, supervision, and technical assistance needed to effectively do their job. Populations served include all adults and children in the region who are displaying symptoms or behaviors that may be life threatening to themselves or others, or creating disruption in their daily functioning. Priority population to receive services is for those children who are in custody of the State of Alaska, pregnant women, severely emotionally disturbed children and adults, IV drug users, and persons diagnosed with HIV/AIDS. There are currently 28 staff members employed in these positions.

Elder Counselors and Traditional Counselors work in coordination with Village Wellness Counselors to provide requested traditional counseling services and consultation to clients and their families. Elder and traditional counselors receive this designation through recognition in their community and the State of Alaska for their life long participation in helping their communities practice healthy lifestyles. There are currently three staff employed in these positions.

3. Specialty Services comprise the regional services that are available to the individual whose needs are greater than can be addressed in the village, or who need more specific diagnostic assessment. Specialty Services are divided into two functional levels: Clinical Services and Rehabilitative Services. All services in the Specialty Services component of the Behavioral Health system report to the Director of Specialty Services.

Clinical Services: Integrated Outpatient Clinic - Populations served include all adults and children in the region who are displaying symptoms or behaviors that may be life threatening to themselves or others, or creating such disruption in their daily functioning that intensive interventions, including out of region or out of state placement, are imminent. Priority populations for this service are those children who are in custody of the State of Alaska, pregnant women, severely emotionally disturbed children and adults, IV drug users and persons diagnosed with HIV/AIDS. Services available in the Integrated Outpatient Clinic are: Psychiatric Services – the Yukon-Kuskokwim Health Corporation employs two Psychiatrists on a part time basis. They provide regional psychiatric services by holding specialty clinics in Bethel, as well as, traveling to villages as often as ninety times per year to see clients closer to home. Further, the Yukon-Kuskokwim Health Corporation employs a full time Psychiatric Physician's Assistant who is located in Bethel to perform psychiatric interventions and medication management for client's region-wide. Psychological Services - the Yukon-Kuskokwim Health Corporation employs one Licensed Clinical Psychologist who provides psychometrics and interpretive reports to assist in the provision of comprehensive diagnostics to specific clients in the region. Children's Specialty Diagnostic Services provide two mental health professional clinicians who work directly with children to ensure appropriate diagnosis particularly when multiple contributing factors (including abuse issues, FAS/FAE) must be

Outpatient Counseling Services – are available at the regional clinic as well as supplemental services, especially to Bethel residents, when a close relative may be the Village Counselor, and for the villages who may not yet have a counselor. Services available in the villages include: substance abuse assessments; individual, couple and family counseling; substance abuse outpatient and aftercare counseling; anger management sessions; substance abuse treatment groups and other specialty groups. These same types of services are all available through outpatient counseling services in Bethel. This service employs two assessors and two outpatient counselors.

**Phillips Ayagnirvik** is an adult residential (ASAM Level III.5) treatment and recovery program for persons with addictions and co-occurring disorders. PATC serves referrals from across the region and statewide. The Treatment services include individual and group therapy, psycho-educational groups, and family education or counseling as indicated. The defining characteristic of the Program is the blending of research-based addiction treatment, solid mental health counseling, combined with the strength and

richness of Yup'ik cultural wisdom traditions. Yup'ik parenting, anger management and relapse prevention are integral parts of the Program.

PATC employs one full-time Clinical Supervisor, a Master's Level Clinician, two full-time Certified Counselors, six Residential Counselor Trainees, one Primary Outpatient Counselor, two Aftercare Counselor Trainees and an Administrative Assistant.

The *Bethel Therapeutic Court Treatment Program* is a collaborative effort of **YKHC-PATC**, the Bethel District Court, the District Attorney, Public Defender Agency and Probation Department. The Program provides Intensive Outpatient alcohol & drug treatment, intensive psychotherapy, close monitoring of abstinence, pharmacological treatment with Naltrexone when appropriate, Case Management and community service, and weekly review of Treatment progress in front of the presiding Judge. The Program duration is 12–18 months.

The Therapeutic Court employs a PhD Lead Clinician, one Certified Counselor, and a full-time Counselor Trainee.

**Statewide Outreach Services -** YKHC operates a statewide inhalant outreach program that offers education about inhalants and early intervention to young persons in their home communities across the State of Alaska. The Outreach program also offers training to providers on assessment of and intervention with inhalants in their own communities.

The **McCann treatment center** located in Bethel, AK is the only Residential Psychiatric Treatment Center in the nation specifically addressing the problem of inhalant abuse. The program offers to people ages from 10 to 17, a 16-24 week treatment program, maximum 14 per rotation. The program's staff includes a Medial Director, Clinical Director, two Master's level clinicians, a Nurse Manager, four full time Registered Nurses, a Family Support Counselor, a Case Manager, a recreational and activities coordinator, a cultural coordinator, a Program Coordinator, Two certified teachers and one teacher's aide as well as ten psychiatric technicians. Highlights of the program include a four-phase program starting with detoxification, accompanied by an extensive clinical treatment and educational program. The family is integrated into all parts of the program and the center works closely with the child's home community to develop a network of support for the child aftercare treatment.

## Rehabilitative Services

Morgan Transitional Living House is a program which provides housing for adult mentally or socially-challenged individuals from the regional community, and teaches them daily living, job seeking and independence skills by providing a temporary living arrangement while the client seeks transitioning "back" into the community. Populations served include all adults in the region who are displaying symptoms or behaviors creating such disruption in their daily functioning intensive interventions are necessary to prevent repeat hospitalizations or jail. Priority population to receive this service is pregnant women and severely emotionally disturbed adults.

Morgan Transitional Living House is staffed with 5 FTE's.

**Camai Case Management** provides case management and independent living skills to adults with chronic mental illness in order to support them in living in the community. Emphasis is on independent living skills and subsistence skills. Populations served include all adults in the region who are displaying symptoms or behaviors creating such disruption in their daily functioning that intensive interventions are necessary to prevent repeat hospitalizations or jail. Priority population to receive this service is pregnant women and severely emotionally disturbed adults.

Camai Case Management is staffed with 2 FTE's.

4. Support Services – are separated into two teams by function. The Clinical Support Services provide recruitment, training or technical assistance to both providers and communities. The Program Support Services handle the administrative functions of the Behavioral Health System.

Clinical Support Services: **Rural Human Services Coordinator** manages the overall operation of the Rural Human Services (RHS) program from recruitment of students through their successful completion of the two-year certificate program at the Kuskokwim Campus of the University of Alaska - Fairbanks. The Coordinator ensures ongoing communication and networking with various local, regional and statewide

entities about the RHS program to enhance workplace support for students as well as heightening awareness about the program to generate ongoing support. The RHS Coordinator is responsible for the development of an advanced RHS curriculum that prepares successful village based counselors interested in management for advancement into supervisory roles. One FTE provides this service. Program Support Services handle the administrative functions of the Behavioral Health System.

Director of Administrative Support manages submission of payroll and other personnel functions of the Behavioral Health system. Supervises the management of the clinical records, including developing the plan of integration of records for the system. Supervises the registration and scheduling of clients in the system and supervises the management of travel of clients, escorts and staff for the Behavioral Health system. The Director also develops/implement s/monitors plan for management of all BH client records; manages the Treatment Plan system and processes release of information requests; coordinates training for all Behavioral Health staff on management of health records in RPMS, Direct Services logs, management of records; participates in corporate Health Information team activities; supervise Behavioral Health Records Technician I, II, & III/Credentialing Specialist, and Travel technician.

One FTE provides this service.

## **BIOMEDICAL ENGINEERING**

**Scope of Services** - Biomedical Engineering is responsible for the hospital's equipment management program. This program assesses the clinical and physical risks of fixed and portable equipment used for the diagnosis, treatment, monitoring, and care of patients. Equipment can be fixed, portable, non-electrically powered, mechanical, or electrically powered. Biomedical Engineering supports and maintains hospital overhead paging system, remote beeper, radio system, and in-house TV program. Biomedical Engineering manages: inventory of equipment by control number; inspection record keeping and histories; equipment service records; service manuals; alert/recall notices and record keeping notices; parts inventory; consults on new equipment evaluations; and assists in the implementation of the Safe Medical Device Act 1990. **Mechanism Used to Meet Patient Care Needs** - User departments notify Biomedical Engineering personnel of any equipment with a suspected problem. Equipment will be returned to user departments when appropriate service is completed with attached equipment service report. The equipment service report identifies the type of problem, the solution, labor time, and parts used, if any.

This department also provides training to staff, including inservicing on safe operation of biomedical equipment.

Before it can be utilized, Inspection by Biomedical Engineering is required on all new equipment, loaner equipment, equipment under evaluation, or equipment returned from outside services.

How the Unit is Staffed to Meet Patient Care Needs - Biomedical Engineering is staffed with 4 FTEs which include 1 Biomedical Director, and 3 Biomedical Technicians. Skill levels and competencies for each position are evaluated against standards on an annual basis. Documentation is maintained in the personnel files. How the Unit deals with Positive and Negative Variances - The Biomedical Department is staffed during normal working hours with activities being covered by available staff. In the event of an after hours need, technicians would be called in to manage the issue.

#### **CARDIOPULMONARY SERVICES**

**Scope of Services** - provided by this department include oxygen therapy, mechanical ventilator management, aerosol therapy with drugs, chest percussion therapy, EKGs, cardiac stress tests, pulmonary function tests, mist tent therapy, cardiac event monitoring, 24hr Holter monitoring, sputum induction airway suction, instruction on use of respiratory equipment, and operation of respiratory testing equipment. Currently respiratory therapy services are provided to inpatients and outpatients, OB, ED, Specialty / Peds Clinic, and three Group Practices from infancy to geriatrics. The hours of service for the Department Manager are Monday through Friday, 8:00 AM to 5:00 PM, as well as emergency call. The Cardiopulmonary Dept. is staffed with therapists 24 hours, 7 days a week. The hospital nursing staff provides coverage for Inpatient treatments when the therapists are not available due to being called to ER Trauma to operate life support equipment and assist the ER team when patient ET intubation is required, or patient code is being performed.

**Mechanism Used to Meet Patient Care Needs -** Respiratory care patients are assessed by the physician, nurse and respiratory care staff who then develop a basic treatment plan and discharge plan that is followed by respiratory care staff and nurses. Where needed, a support system is implemented.

How the Unit is Staffed to Meet Patient Care Needs - Currently, the department staffs one manager and four full-time therapists, and one temporary therapist. The manager performs administrative duties and

provides patient care when necessary. Staff therapists provide patient care and diagnostic cardiopulmonary testing. All members of the staff are NBRC Certified Respiratory Therapists (CRT) or Registered Respiratory Therapists (RRT).

## **COMPLIANCE PROGRAM**

**Scope of Services** - The Compliance Department under the direction of the Compliance Officer provides education and guidance on legal, regulatory and policy standards of conduct designed to PREVENT, DETECT and RESOLVE instances of conduct that do not meet the standards. Assists with the development of strategies to promote compliance and detection of potential violations through appropriate monitoring, auditing and reporting mechanisms. Assists with the development of systems to solicit, evaluate and respond to complaints and problems without fear of retribution.

## **PRIVACY PROGRAM**

**Scope of Services** - The Privacy Program is a component of the Compliance Program and, under the direction of the Privacy Officer, provides education and guidance on legal, regulatory and policy standards of privacy for patient personal health information, to include medical, mental, financial and employee personnel record information. Assists all levels of employee to develop systems and controls to carry out the Privacy Program, meeting all laws and regulations. Assists with the development of systems to evaluate and respond to complaints and problems in a timely manner. Assists with development of strategies to promote privacy and detect potential violations through appropriate auditing and reporting means. Assist Compliance Officer with inter-related duties and responsibilities.

## **DENTAL**

**Scope of Services** - The Dental Department provides a broad range of dental treatment services in Bethel as well as in 48 villages. These services are primarily emergency, preventive, and basic restorative. Services in Bethel are provided in the Community Health Services Building (CHSB) dental clinic and in the YKDRH operating room. Community prevention projects are an important aspect of the program. The hours of operation are Monday, Wednesday, Friday, 8:30 AM to 12:30 PM and 1:30 PM to 5:30 PM; and Tuesday, Thursday, 8:30 AM to 11:30 AM and 1:30 PM to 5:30 PM. Patients range in age from infants to elderly. **Mechanism Used to Meet Patient Care Needs** - Walk-ins or emergency patients are assessed for their presenting chief complaint. Appointment patients are given an oral examination and x-rays. Based on these assessments, a treatment plan is developed for the patient.

The Dental Department is staffed with 11 dentists (licensed in Alaska or any other state--if government employee); 2 dental hygienists; 16 dental assistants; 4 billing/administration staff. A dentist is assigned to be "on call" for after hours emergencies (via the hospital ER).

**Process Used for Acting on Both Positive and Negative Variances** - When the Dental Department experience a positive variance staff utilize the time to restock shelves, order supplies and/or clean up the clinic. When a negative variance is experienced, staff that are off are called in. Part-time employees are also utilized. Overtime is paid to the Assistants.

#### **DIAGNOSTIC IMAGING:**

**Scope of Services** - Upon receipt of a study requested by an authorized provider, the Diagnostic Imaging Department provides service to any registered patient of YKHC. We do general x-ray exams, contrast studies, mammography and sonograms. Services are provided to all age groups and they are predominantly outpatients.

The hours of operation for routine and emergency x-ray coverage are Monday through Friday from 6:00 AM to 02:00 AM, Saturday and Sunday from 10:00 AM to 10:00 PM and holidays from 8:00 AM to 2:00 PM. All other hours are covered by emergency callback of technologist.

**Mechanism Used to Meet Patient Care Needs** - The technologist on routine cases does an assessment of patient and exam appropriateness. All questions regarding correct exams for patient complaints and symptoms are referred to a Radiologist or Provider. A Radiologist assesses every patient before doing any contrast or invasive procedure.

Beneficiaries needing services that are not available are referred to Alaska Native Medical Center (ANMC); Non-beneficiaries are referred to another JCAHO accredited medical facility.

How the Unit is Staffed to Meet Patient Care Needs - The department is staffed by AART licensed technologists 20 hours a day. A technologist is on-call all other hours. An RDMS licensed sonographer performs sonograms 8 hours a day, Monday through Friday. A portable unit is available to providers for night

and weekend use, and a Sonographer can be called for emergencies. Certified Mammographers perform mammograms by appointment Monday through Friday.

Three ACR board-certified Radiologists do interpretation and supervision of studies. One Radiologist works a 40+hr week with another for temporary relief during PTO, illness, jury duty, etc. The third Radiologist interprets via Teleradiology and covers evening and weekend emergency calls.

**Process Used for Acting on Both Positive and Negative Variances -** The Diagnostic Imaging Department offers time off with or without pay to staff that are scheduled in excess of need. When staff members are sick, there may be a need to reschedule appointment patients or bring in temporary hire technologists. If the evening or weekend technologist is sick, other technologists may be rescheduled or work overtime depending on the situation.

Back-up coverage for interpretation is available via Teleradiology by ANMC provider specialists on-call.

## **Environmental Services**

#### A. HOUSEKEEPING

**Scope of Services** - The housekeeping department is responsible for assuring the cleanliness of the organization. The areas covered include YKDRH, all outpatient areas within YKDRH, the Community Health Services Building, and Qavartarvik Hostel. Housekeeping cleans, disinfects, and deodorizes, as necessary, all floors, patient rooms, delivery suites, surgery suites, clinics, offices, bathrooms, and vacated Qavartarvik hostel rooms. Services also include shampooing carpets; waxing and buffing floors; removal of and subsequent proper disposal of trash and pathological waste; and vacuuming and mopping hospital – wide. Total area serviced is 192,000 square feet with 110,000 square feet in the Hospital, 10,000 square feet in West Wing Building, 6,500 square feet in the Qavartarvik Hostel and 66,000 square feet in the Community Health Services Building.

The Housekeeping Department operates 24 hours a day, 7 days a week.

**Mechanism Used to Meet Patient Care Needs** - Services provided will meet or exceed Hospital Cleanliness standards set forth in department standards and in compliance with hospital infection control standards.

How the unit is staffed to Meet Patient Care Needs - The Housekeeping unit is staffed with a total of 26 Housekeeping Services FTEs (this includes 1 manager, 16 hospital custodial workers, 6 CHSB custodial workers, and 3 hostel custodial workers) Competency of staff is determined as a new staff member goes through Corporate and Department orientation and initial 3-month probationary period, in addition, each employee has an annual performance appraisal. Competency / skills information is maintained on the unit as well as in Human Resources to assure ready availability for staff decisions. The Housekeeping Services staff assigned to the hospital work rotating shifts, the Hostel staff work 8 hours a day, 7 days a week, the Community Services staff work 8 hours a day, Sunday – Thursday with 1 staff member working 8 hours a day, 5 days a week.

**Process Used for Acting on Both Positive and Negative Variances -** The Housekeeping Services utilizes a system of offering time off with pay or without pay to staff who request time off. When a negative variance is experienced, relief staff that work on the day shift, Monday through Friday, are utilized to supplement the staff that work rotating shifts when they are on annual or sick leave. When the relief staff cannot be utilized due to staff being on annual leave or more than one person on sick leave, we hire a temporary worker until we are fully staffed again.

## B. LAUNDRY SERVICES

**Scope of Services** -Laundry Services provide clean linen for hospital, Qavartarvik Hostel and to Community Health Services Dental Clinic. Washing and drying linens, linen collection and distribution, pressing, folding and storage of linen, washing and drying of selected patient and staff work clothes, and marking linen. The Laundry Service operates 8 hours a day, 5 days a week. The Laundry staff work Monday through Friday, 8 hours a day, 8:00am to 4:30pm and occasionally on weekends or holidays when demands for clean linen is required to meet hospital needs.

**Mechanism Used to Meet Patient Care Needs** - Services provided meet or exceed demands for clean linen for Hospital needs, Qavartarvik Hostel needs and Community Health Services Dental Clinic needs. **How the Unit is Staffed to Meet Patient Care Needs** - The unit is staffed with a total of 4 Laundry Workers and 1 Laundry Machine Operator. Competency of staff is determined as a new staff member goes through Corporate and Department orientation and initial 3-month probationary period, in addition, each employee has an annual performance appraisal. Competency / skills information is maintained on the unit as well as in Human Resources to assure ready availability for staffing decisions.

**Process Used for Acting on Both Positive and Negative Variances** -The Laundry Services utilizes a system of offering time off with or without pay to staff who request time off. When a negative variance is experienced, due to staff being on annual leave or more than one person on sick leave, we utilize Housekeeping staff. When we cannot utilize Housekeeping staff, we hire a temporary laundry worker until the laundry staff person(s) returns to work.

## **Facilities Management**

**Scope of Services** - To plan, organize, direct, coordinate, and control the management of design and construction of architectural, structural, mechanical, and electrical projects. Provide engineering expertise, technical consultation, and assistance to the Executive Team, department managers, and other corporate departments for the improvement of the facilities environment and to maintain the hospital in a condition that is safe and functional. It is our belief that a healthy environment will improve the ability of hospital staff to give a high quality of health care.

The hours of operation are Monday through Friday from 8:00 AM to 5:00 PM, except holidays, and on-call for emergencies.

## How the Unit is Staffed to Meet Patient Care Needs:

Facilities Engineer who works in the department must have a Bachelors Degree in Engineering and possess experience and competence in the field of engineering.

## **Financial Services**

**Scope of Services -** The Finance Department provides patient billing and collections, payroll, accounts payable, general ledger, cash management and audit preparation services, as well as budget development and reporting, project cost development, analysis and tracking, grants management and reporting, and overall financial planning and controls.

How the Unit is Staffed to Meet Needs - All Finance activities report to the Vice President of Finance/ Chief Operating Officer. The department is organized into Patient Financial Services, Utilization Analysis, the Accounting function which includes payroll, accounts payable, general ledger, and cash management, supervised by the Controller, and Corporate Finance, encompassing, three divisional finance functions: Health Services, Support Services, which includes Facilities Management, and Construction with a Finance Administrator and Budget Analyst responsible for each. All staff members are oriented to the mission and purpose of the Yukon-Kuskokwim Health Corporation and to their specific job duties. Staff members also receive formal and informal training in use of the corporate financial system, reporting, and issues pertinent to a tribal organization. Documentation of staff competencies is maintained in the Human Resources file. Process for Dealing with Positive and Negative Variances - Financial operating variances are determined and published monthly based on comparisons of actual operating financial data to budgeted operating financial data by operating cost center. Respective Financial Managers document, discuss and establish corrective actions required to correct variances with the respective operations management. Variance documentation and corrective actions are discussed up to and with the governing board as appropriate.

## **Food and Nutrition Services Department**

**Scope of Services** -Food Services provide high quality meal preparation and service to all patients, infants through geriatric population, personnel and visitors, limited catering. The hours of operation are from 6:00 AM to 6:30 PM, 7 days a week. The cafeteria is open at specified meal times.

Nutrition Services provide nutrition education for both inpatients and outpatients. Through consults/ referrals from health care providers, a Registered Dietician provides dietary consultation. Patients range in age from infancy to elderly.

The hours of operation are from 8:30 AM to 5:00 PM, 5 days a week. On weekends and holidays, patients who are identified at nutrition risk are brought to the physician's attention and intervention is available from the nutrition supplement formulary or the Weekend Nutritionist.

**Mechanism Used to Meet Patient Care Needs** - The Food and Nutrition Services Department provides tray service for non-meal times as nourishment, bed-time snacks, supplements, including snacks to all nursing units to be served to those patients who request food after routine meal times. Diet orders are carried out in a timely manner and are completed upon patient admission.

Patients are screened as being potentially at Nutrition Risk through the Nursing Admission Assessment Form, MD orders, and Registered Dietician. The Registered Dietician will be contacted by nursing staff if a patient is positive on any of the established criteria that will identify patient at Nutrition Risk. Once identified, appropriate nutrition care plan (assessment, counseling, recommendation or intervention) is initiated and implemented and

discharge goals identified. In addition, the Registered Dietitian attends interdisciplinary patient rounds to coordinate patient care and discharge plans.

**How the Unit is Staffed to Meet Patient Care Needs -** The Food and Nutrition Services department is staffed with a .25 FTE Food Service Director, 14 Cooks; 1 Cook Foreman; 6 Food Service Workers; 2Vending Service Workers; 1 Registered Dietitian and 1 Diet Clerk.

**Process Used for Acting on Both Positive and Negative Variances** - The Food and Nutrition Services has allocated FTE's who are scheduled to meet the needs of the department, rarely does a positive variance occur. When a negative variance occurs, regular staff is called to work overtime and/or managerial staff provide direct assistance in meal preparation or service. Temporary part-time staff is also hired when there is a staffing shortage.

## **Forensics**

Forensic services are only provided in conjunction with normally provided services. YKHC has in place a letter of agreement with the correctional facility to provide care and services to the inmates. Education is provided to the staff accompanying the inmates as to their responsibilities and duties in the event of an emergency. YKHC maintains the responsibility for medical care of the individual while the correctional facilities maintain the administrative control of the patient. Inmates who are shackled due to administrative issues are managed in accordance with good medical practice with observation of circulation and condition of the patient but are exempted from the requirement for a specific physician order for the restraint.

#### **Home Care**

**Scope of Services** - Provides personal care services to eligible recipients who need help with activities of daily living. This service is provided to keep people safely at home. Tasks included are: bathing, grooming, dressing, toileting, light housekeeping, laundry, meal plan, meal preparation, ambulation, transfers (wheelchair, bed, etc.), range of motion, vital signs and medication reminders. Services are provided to Bethel and 25 surrounding villages. Hours of operation are Monday through Friday 8:00AM-5:00PM **Mechanism Used to Meet Patient Care Needs** - Services provided are based on trained staff availability. If services are unable to be provided then clients are notified of this.

**Process Used for Acting on Both Positive and Negative Variances -** Home Care allows time off for subsistence activities and for personal reasons. PTO is available to qualified individuals.

#### **Hospital Community Relations**

**Scope of Services** - The major duties of this department are to provide interpreter services for our Yup'ik speaking patients and providers to assist handicapped and Elders throughout the hospital. Also provide information and assistance to patients and providers on contract health issues and assist patients with filling out Patient Comment forms.

The Hospital Community Relations department operates 11 hours a day, Monday through Friday, 8:00 AM to 7:00 PM. After hours, weekends, and holidays. Personnel are on call 24 hours a day Monday through Sunday.

**Mechanism Used to Meet Patient Care Needs** - Overall assessment is done through the patient complaint, patient satisfaction survey process through daily contact with inpatients, community feedback, and staff input. **How the Unit is Staffed to Meet Patient Care Needs** - The Hospital Community Relations department is staffed with two Interpreters. Competency of staff is determined as a staff member goes through a three-month probationary period and orientation including a performance appraisal. Competency/skills information is maintained on the unit as well as in Human Resources to assure ready availability for staffing decisions and assignment.

**Process Used for Acting on Both Positive and Negative Variances -** Coverage of positive variance is managed by offering time off with or without pay. A negative variance is addressed with intermittent workers.

#### Housing

The YKDRH Housing Department is a revenue driven operation consisting of 4 employees. These employees' titles are as follows: Housing Manager, Asst. to the Housing Manager, and 2 Housing Maintenance personnel. The scope of the department is to monitor and oversee the living quarters of hospital personnel on a day-to-day basis. This entails the management and operation of 87 units as well as temporary quarters in the community.

Operations on a daily basis are coordinated with the corporate Facilities and Planning Department (FPD). Each employee is trained in several different areas of maintenance, which make them inter-changeable. This

flexibility through employee training allows for the departments to avoid downtime or be understaffed. The maintenance staff, both Housing and FPD, rotates on a 24 hrs phone on-call, which allows them to handle problems that occur after business hours and on weekends.

The Housing Manager and his/her assistant complete the management of the department through the Housing Office. Accounts payable, inventory and revenues earned are tracked by the department and compared to the monthly budget report. This allows the manager to see if the department is running efficiently and to make changes if needed. The Housing Manager reports his/her findings to the Housing Committee for their review. These two parties also work together when housing assignments are made to employees.

#### **Human Resources**

Scope of Services - Human Resources works with department managers to help assure that:

- Adequate numbers of competent staff and licensed independent practitioners are available when and
  where needed. Human Resources posts and advertises approved budgeted position replacements,
  conducts initial employee screening, checks previous employment references, coordinates the
  scheduling of pre-employment interviews. As employee status changes occur, managers complete a
  Personnel Action Form for changes in personnel disposition; and these forms are then sent to Human
  Resources who will be responsible for processing all changes.
- Staffing levels and variances are monitored on a monthly basis. A productivity report is generated monthly and reported to each manager for their respective staff with a cumulative report being provided to the Hospital Governing Board and administrative staff.
- Employee performance is assessed on a regular basis, supporting continuing education and skill development as appropriate. Human Resources maintains the personnel files and records of each employee, and advises managers and administrators regarding need for and status of evaluations due. Evaluations and competency of staff are reported to the Hospital Governing Body at least annually with reports being provided to each manager for their staff at regular intervals.
- An educational database is kept in the Human Resources (Corporate Training) and records are maintained on an ongoing basis.

The Human Resources Director is available to consult with departmental managers in the handling of unusual personnel issues: consults are always to be sought prior to giving a final warning or discharging any personnel. Administration of pay and benefits serves as a resource for managers and staff with pay and benefit questions. Human Resources facilitates the problem-solving procedure.

The Human Resources Department is open Monday through Friday from 8:00 AM to 5:00 PM with the exception of holidays. Occasionally additional hours are provided for the convenience of staff as necessary.

How the Unit is Staffed to Meet Patient Care Needs - All services provided are under the direction of the Director of Human Resources. Skill levels and competencies for each position are defined and maintained with the Human Resources Department. The orientation period for new employees is 3 to 4 weeks depending upon previous experience and individual progress. Skill competencies are demonstrated during this period and revalidated annually. The Human Resources Department is budgeted for 13 full-time employees: Human Resources Director, Assistant Human Resources Director, Corporate Training Director, Training Manager, Program Assistant, Management Intern, Professional Recruiter (2), Benefits Specialist, Human Resource Management Specialist (2), Human Resources Technician, and a File Clerk.

## **Immunization Program**

**Scope of Services -** Comprehensive promotion of preventive health measures for patients/parents and Health Care Providers (HCPs) in the Yukon-Kuskokwim Delta. The program concentrates its efforts towards vaccine-preventable diseases in children under 19 years of age, Hepatitis B carrier follow-up, perinatally exposed infants of Hepatitis B carrier mothers, and following recent studies in childhood infectious diseases, and vaccine development.

The office hours for the Immunization program are Monday through Friday, 8:00 AM to 5:00 PM. *Mechanism Used to Meet Patient Care Needs -* The Immunization Program maintains the RPMS Immunization database for all children and adults who live in the YK Delta. Immunization data is entered into the RPMS system for vaccines given by anyone in the corporation. We administer the Village Immunization Program, which strives to improve timely childhood immunizations rates with CHP involvement in immunization administration at village clinics. We train, evaluate, and continually support the CHPs in each village participating in this program. We currently have 44 villages participating in the immunization program.

We provide the HCPs with immunization status of children being seen in clinics or admitted to the hospital. We coordinate and implement blood draws twice a year for over 650 Hepatitis B carriers in the YK Delta for the purpose of early detection of liver cancer. We also assist in follow-up of perinatally exposed children and in the general population to determine Hepatitis B vaccine efficacy.

How the Unit is Staffed to Meet Patient Care Needs - The Immunization is staffed with 2.0 FTEs. This includes 1 Immunization RN and 1 Immunization Program Coordinator which is also an RN. Competency of staff is determined as a new staff member goes through orientation and the initial 3-month probationary period; each employee has an annual competency evaluation in conjunction with their performance appraisal. Process Used for Acting on Both Positive and Negative Variances - The Immunization Program utilizes exempt and non-exempt status full-time employees. This allows for flexible schedules for traveling to villages and providing evening hours for village immunization clinics. The nurses are not bound to an 8 to 5 schedule when providing care in the village clinics. The nurses are not bound to an 8 to 5 schedule when providing care in the village clinics. The nurses are not bound to an 8 to 5 schedule when providing care in the village clinics. The nurses are not bound to an 8 to 5 schedule when providing care in the village clinics. The nurses cover for each other and may work overtime when the needs of the program require.

## **Laboratory Services**

**Scope of Services** - The Laboratory Department provides acute and outpatient testing services and reports to all clinicians and departments associated with the Yukon-Kuskokwim Health Corporation for patients ranging in age from newborn to geriatric. Testing services and their associated reports are also provided upon written request for those non-YKHC physicians within the State of Alaska with non-beneficiary clients on the Delta. The Laboratory department interfaces with other accredited health care organizations for those tests not analyzed in house.

Laboratory services consist of hematology and coagulation; serology; microbiology; DNA probes; chemistry, special chemistry and blood gases; urinalysis, screening for drugs of abuse; blood bank; venipuncture, clerical, send-outs; support of the Sub-Regional Clinic and support of Point of Care Testing within the hospital and AeroMed. The Community Health Aides/Practitioners draw lab specimens and forward them for processing to the lab at YKDRH. The Laboratory is open 24 hours a day, 7 days a week. When the Lab is seriously understaffed, Lab Hours are 7AM – 12 Midnight, 7 days a week, with the technologists rotating call back for emergencies.

Mechanism Used to Meet Patient Care Needs - A clinician writing an order on the client's PCC form or inpatient orders initiates laboratory testing. The nurse, ward clerk or clinician then orders the appropriate labs in ward order entering on RPMS. The specimen is obtained, labeled, and sent to the Laboratory department or the client and requisitions may come to the Laboratory department for phlebotomy. A MT, a MLT, Medical Lab Assistant (MLA) performs the tests(s) after the appropriate Q.C. is performed and found to be acceptable. The client results are evaluated by the tech analyzing the specimen prior to reporting out the results and then reevaluated by a MT within a short period of time. Delta checks are performed via the computer system as far as possible with its existing memory / time in use. A Delta check is a comparison of current lab values with previous values on the same client.

How the Lab is Staffed to Meet Patient Care Needs - The Laboratory has 3 FTE's. The Laboratory 4 Medical Lab Assistant (MLA's); 0 Medical Laboratory Technician; 6 bench Medical Technologists; 1 Laboratory Quality Assurance/Point of Care Specialist; 1 Laboratory Medical Lab Assistant Program Manager (currently stationed at ASRC); and 1 Laboratory Manager Medical Technologist. All the Medical Technologists have national certification; the Medical Lab Assistants are working towards that goal.

## Process Used for Acting on Both Positive and Negative Variances

Although the Laboratory does not usually encounter positive variances, it would be managed through time off or assignment of administrative tasks. A negative variance is managed by building a small amount of overtime per Technologist into each schedule in an effort to balance the "extra" workload. The regular staff is called upon to work non-scheduled overtime when the volume or acuity of work is greater than planned. The Laboratory Quality Assurance POC Specialist and the Laboratory Medical Lab Assistant Program Manager (in Aniak) work the bench most of the time and the Laboratory Manager is also required to augment the bench technologists when workload exceeds that which regular staff can handle in a timely manner.

## **Learning Center**

**Scope of Services -** The Learning Center (LC) at YKHC is a system of education comprised of programs, services and administrative systems for internal and external customers. The Learning Center is developed and delivered by internal resources and external strategic partners consistent with the mission of YKHC.

#### Focus Areas:

- Career Pathways LC will develop programs and work with strategic partners to educate and encourage individuals to explore options for careers in health care with YKHC. Audience is (K-12). Examples include Health Career Awareness, Work Experience, Job Shadowing, Internships, Field Trips, YKHC Health Fair, Classroom Presentations, Dual Credit Courses, PA-Non PA Scholarship Program, CNA Training.
- Mandatory Training LC will provide provide/coordinate training required by YKHC, JCAHO and Federal Law. Training must happen within 30 days of hire and annually thereafter to keep in compliance.
   Audience is all YKHC employees. Examples include Corporate Orientation, Basic Safety, Privacy Act, Employee Health, Standard Precautions, CME (Continuing Medical Education), and ICWA (Indian Child Welfare Act).
- 3. Staff Development LC will provide/coordinate programs to assess and build employees' knowledge and skills to increase work performance in their current jobs and to enhance opportunities for advancement. Audience is all YKHC employees. Examples include Basic Business Skills, GED, Conflict Resolution, Team Building, Customer Service, maintain non-mandatory professional certification and/or affiliation.
- 4. Management & Leadership Development The Learning Center will provide/coordinate programs to increase abilities to plan, hire supervise, manage and lead employees at YKHC. Audience is all YKHC Supervisors and Managers. Examples include Basic Supervision, Finance/Budgeting, Interviewing and Selecting, Team Building, Knowledge of corporate policy and Leadership Skills.
- 5. Other/External Offerings LC will provide/coordinate programs designed to increase the knowledge and skills of specific target audiences. Audience is YKHC Board and others. Examples include Board Development and other programs to market externally.

Current Staff - Current staff at the Learning Center includes 3 FTEs.

## **Legal Department**

**Scope of Services** - The Legal Department negotiates the Alaska Tribal Health Compact and the Annual Funding Agreement with the U.S. Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act. This department also provides legal services, including legal research, contract negotiation, contract review, legal review, and general legal advice to the Board of Directors, the Administrative Team, and YKHC departments. The Legal Department maintains and provides legal review of corporate policies and procedures. General Counsel supervises and coordinates outside counsel activity and participates in statewide and national Tribal Self-Governance activity. Legal Department services are available from 8:00 a.m. to 5:00 p.m., Monday through Friday.

#### **Maintenance Department**

**Scope of Services** - The Maintenance Department exists to operate and maintain the facility and the hospital housing units in such a manner to provide a comfortable environment to ensure human safety and to keep building grounds and equipment in optimum condition. Both preventative and corrective maintenance are required to accomplish the preceding tasks. A schedule of preventive maintenance is done as well as corrective actions taken on requests for repairs or adjustments (work requests).

Security functions as needed are provided to the hospital Monday through Friday from 8:00AM to 4:00 PM. Maintenance is staffed 24 hours a day, 7 days a week. Personnel are on-call for emergencies.

How the Unit is Staffed to Meet Patient Care Needs - All services are provided under the direction of the Facility Manager. Skill levels and competencies are defined and maintained in the department and Human Resources. The personnel in the Maintenance Department possess the skill level in order to provide safe, competent and accurate care as defined under the Scope of Service. Personnel must possess knowledge of safety program policies and procedures. There is a 2-3 week orientation for all new staff. Skill competencies are demonstrated during this time, at their 90-day evaluation and revalidated annually.

## **Materials Management**

**Scope of Services** - The Materials Management department exists to maintain and provide complete, accurate, and timely supplies for those departments providing care at YKHC. The services provided by Materials Management include purchasing, receiving, and delivering supplies, keeping track of usage, and departments for supplies used and quality improvement.

Supplies stocked in Materials Management are available to all departments 8 hours a day. The normal hours of service for the storeroom are 8:00 AM to 5:00 PM, Monday through Friday. The normal hours of service for the Materials Management Office are 8:00 AM to 5:00 PM, Monday through Friday.

How the Unit is Staffed to Meet Patient Care Needs - All services provided are under the direction of a Director of Materials Management. Skilled levels and competencies for each position are defined and maintained within the Materials Management Department. Previous experience and individual progress determine the duration of the orientation. Skill competencies are demonstrated during this period and are revalidated annually.

## **Medical Records/Health Information Services**

**Scope of Services** - The scope of services provided by the Medical Records/Health Information Services Department is based upon a collaboration and information-sharing format to enhance patient care. Medical Records/health Information Services are provided to all areas of the facility, as appropriate to need and security levels. Medical Records/Health Information Services include provision of an accurate patient record, with emphasis on the following: record processing; record abstracting, analysis, and coding; transcription of dictation for the medical record; correspondence; record retrieval, filling and storage.

## The scope of services also encompasses efforts made to provide:

- More timely and easier access to complete information throughout the organization
- Improved data accuracy; demonstrated balance of proper levels of security versus ease of access.
- Use of aggregate data, available through computerized reporting in the Medical Records/Health Information Services Department, to assist all health care providers with information that allows for identification of opportunities to improve performance.
- Accessibility of the medical record at all times to those authorized persons requesting their use for patient care
- Transcription service is available to all physicians on a 24-hour per day basis. All documents received will be placed in the chart within prescribed time frames to ensure timely access to this information
- Availability of Medical Records/Health Information Services personnel 7 days per week during regular business hours. During off-hours, personnel are available by phone. The Emergency Room Service supervisor has access to the department and all medical records during off-hours.

How the Unit is Staffed to Meet Patient Care Needs - The Health Information Services Department is staffed with the following: 1 HIS Director; 1 HIS Coder/Data Entry Supervisor; 1 Records Room Supervisor; 1 Program System Specialist; 1 Lead HIS Technician; 6 Coding/Abstracting Technicians; 10 HIS Technicians for Record Room; 3 HIS Technicians for Assembly and Analysis and ROI.

Competency of staff is determined as a new staff member goes through orientation and the initial 3-month probationary period, in addition, each employee has a monthly and annual competency evaluation in conjunction with their performance appraisal. Competency/skills information is maintained in the department as well as in Human Resources to assure ready availability for staffing decisions and assignment. The required number and mix of staff members are determined utilizing an acuity system with adjustments made based on sound administrative decision-making skills. Specific staffing patterns are utilized as guidelines and are available in the Master Staffing Plan.

Process Used for Acting on Both Positive and Negative Variances - The Health Information Services Department utilizes a system of hiring temporary help when a negative variance is experienced, intermittent and temporary staff are utilized to supplement the regular staff in the department and augment the availability of health information resources. When full-time staff are unable to fill the required hours, intermittent/temporary staff are called upon to work. Staff who work routine hours in other functions of the department, but who are also trained to these tasks, are called upon to supplement staffing. Managerial staff are required to work the necessary hours when unable to obtain health information resources. The Health Information Services Department offers time with pay or without pay to full-time staff that are scheduled in excess of need, based on the work demand of the department.

#### **Morgue**

**Scope of Services -** There are no funeral homes in Bethel, so bodies are held at YKDRH until transported to the village or buried in Bethel. In addition to deaths that occur at the hospital, the State Troopers will bring

bodies in through YKDRH Emergency Department. Families visit the morgue for viewing their relations and preparing a body for burial. The morgue can accommodate two bodies and is available 24 hours a day, 365 days a year.

## **Motor Pool**

**Scope of Services -** Motor Pool provides vehicle/equipment service, repairs, preventive maintenance, and towing services to vehicles/equipment operated by YKHC. Motor Pool ensures safety by maintaining YKHC grounds throughout Bethel.

The services provided include the following:

- Cleaning YKHC vehicles/equipment
- Perform light body work on YKHC vehicles/equipment
- Preventive maintenance of YKHC vehicles/equipment
- Repairing/replacing parts on YKHC vehicles/equipment
- Test drive vehicles/equipment
- Tire changing
- YKHC vehicle/equipment inventory
- Ice/snow control throughout hospital compound, including ramps
- Grounds keeping during spring, summer, and fall months
- · Assist in removal of hazardous materials from hospital compounds
- Towing services

The hours of operation are Monday through Friday, 8:00 am to 5:00 pm and closed on weekends and holidays. Evenings are covered by the on-call system that is also utilized to provide 24-hour coverage on weekends and holidays.

## **Native Hire Program**

**Scope of Services** - As a mechanism to fulfill our mission related to native self-determination, the native hire coordinator is hired by the Board of Directors to review employment issues and practices.

The CEO supervises this position. The Native Hire Coordinator (NHC) assists in the employment and training of minimally qualified American Indian and Alaskan Native applicants per PL#93-638, 7 (b). The NHC reviews job descriptions to assure that maximum advantage is given to the native population wherever permitted. The NHC reviews the applications along with the Minimum Qualifications Matrix for accuracy.

YKHC does not hire Natives or American Indians who are clearly not qualified or capable of performing the duties of the position. At no time is patient care jeopardized or compromised in favor of native hire.

## **Nursing Administration**

Scope of Services - Nursing services is under the direction of the Chief Nursing Officer who is designated as the chief nursing officer for the corporation. Nursing services are provided in all patient care areas that have been defined as providing "nursing" care. Some nursing care services are provided in departments that do not have direct line accountability to the Chief Nurse Executive. In as much as the Chief Nurse Executive is held accountable for the standards of care, performance assessment and improvement, policies and procedures, staff competency, and nursing licensure in all areas where care is provided, collaborative activities have been established to ensure that this occurs. Nursing managers are involved in regular meetings with the Chief Nurse Executive. Nursing managers and/or their designated staff may also members of specified committees. Mechanism Used to Meet Patient Care Needs - Nursing care is an organized and systematic process provided by or under the direction of a registered nurse. The practice of nursing encompasses providing to patients and their significant others, care that requires specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences. As a profession, nursing serves as a foundation for health: optimizing/restoring/maintaining the balance of body, mind, and spirit of our clients. As such, nursing encompasses the recognition of priority health care needs, health care teaching, patient advocacy and research. Nursing's services are delegated to-and-from, interdependent, and dependent with other health care disciplines. Registered nurses and employees of Nursing Service collaborate with other disciplines in providing quality, cost effective, individualized and coordinated health care services. Professional nursing practice is facilitated through empowerment, collaboration, and encouragement of innovation and risk taking, through a system thinking framework and collaborative governance model. This system allows professional nursing to continue to evolve through a dynamic process of transformational change. Nursing care is administered through the execution of the nursing process; patient teaching; administering,

supervising, delegating, and evaluating nursing care and practice; conducting research and/or supporting medical research and research applications in the clinical setting; implementation of nursing standards of patient care.

How the Unit is staffed to Meet Patient Care Needs - All nursing care is under the direction of registered nurses licensed in the State of Alaska or any State if they are a government employee. The registered nursing personnel direct Licensed Practical Nurses (LPN's) licensed in the State of Alaska, Nursing Aides, certified in the State of Alaska and unlicensed assistive personnel. Unit ward secretaries must display a thorough knowledge of unit-specific and organization-wide policies and procedures.

## **Nursing Administration**

CATEGORY	UNIT / PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA, AND PATIENT POPULATION SERVED	Nursing Administration is located in the West Wing of the hospital. Nursing Administration staff consists of the Chief Nurse Executive, House Supervisors, the Manager of Ambulatory Services, a Clinical Nurse Educator and a Business Office Manager. This staff provides oversight for clinical, educational and budgetary support for all nursing staff and various nursing related departments.  Nursing staff serves all people and all ages.
AGE OF PATIENT POPULATION	Infant, adolescent, young adults, middle adults and the elderly.
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Patient privacy and confidentiality are maintained. Informed consent for procedures is maintained. Patient and family focused care is provided. Attention to cultural diversity, spirituality, advance directives and age appropriate care is incorporated into patient care.
ASSESSMENT OF PATIENTS	Assessment of patients depends on required needs for patient in area of where care is received. Assessments are multi-disciplinary and are used to guide the plan of care.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	AT&T language line and translators available to assist with interpretation. Case Management and Social Worker Services are available. Consults needed for other disabilities are arranged as needed.
PLANNING AND PROVIDING CARE OF PATIENTS	Multidisciplinary team approach to patient care is provided. Units do specific Performance Improvement projects. Provider Guidelines and policy and procedures are used to guide care delivered.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Care is based on the needs of the patient and delivered based on the competencies of the staff.
REHABILITATION AND CARE SERVICES	Referrals to Physical Therapy, Registered Dieticians, WIC Program, Respiratory Services, Social Services, Clinics and Specialty Clinics both in Bethel or to Anchorage, etc. are done as necessary.
EDUCATION OF PATIENT AND FAMILY	Patients and Families receive education from all patient care providers.
MAINTAINING A SAFE ENVIRONMENT	YKHC strives to deliver quality, competent, safe and effective care in all areas.
MANAGEMENT OF HUMAN RESOURCES	Staffing is based on the number of patients served and on the acuity of condition of the patient.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Infection Control related issues occur through inpatient and outpatient assessments. Nosocomial infections are reported. Visitation polices address those who should not visit and visitors are screened. Patient and family education addresses infection prevention.

## **Care Management**

**Scope of Care Provided** - The Yukon-Kuskokwim Health Corporation provides patients with a Case Manager. Case Managers work with physicians and other providers to help people make decisions about health care. They may assist with inpatient and outpatient services, referrals to and work with Social Services to arrange for continued care after discharge. Case Managers may also assist the Utilization Review Coordinator with inquires to and from insurance and other third party payers to give them information needed to provide coverage for the patient. They may also assist patients without coverage to seek funds to assist with payment for their illness or injury. Case Managers assists Home Care in obtaining services that best meet the needs for the patient in the home.

**Mechanism Used to Identify Patient Care Needs -** Case Managers work in collaboration with providers to help patients and families with the problems that can result from illness or injury. In addition to assisting with an individualized plan of care or discharge plan, the Case Manager coordinates services between patients, family support and community resources to provide for optimum patient functioning in the community. Case Managers provide services for all ages, from newborns to the elderly, including inpatient services, preadmission testing, ambulatory surgery, ambulatory services, outpatient chemotherapy, referral to other providers and emergency services.

Case Management services encompass planning and coordination of services to maximize clinical and financial outcomes. Clinical pathways are developed in coordination with the medical staff and Quality Management to ensure that all patients receive care based on the best medical practices to assist the patient in receiving quality, cost effective medical services.

**How Staffing Needs are Met** - Case Managers' offices are located in the Kusko Clinic, Yukon Clinic, Obstetrical Services, Pediatric Clinic, and Specialty Clinic and in Women's Health.

**Process used for acting on Positive or Negative Variances -** Staff are available during clinic hours Monday through Friday and are available for pre-arranged meeting for individualized needs.

## **Central Supply**

Central Sterile Supply is responsible for cleaning, sterilization and timely delivery of supplies and equipment to patient care areas. The decontamination of patient care equipment and decontamination and set-ups for surgical instruments are all part of the services provided by Central Supply. The Central Supply area is open Monday – Friday from 8:00 a.m. - 4:30 p.m. On call services are provided 24 hours a day, seven days a week. Intradepartmental support services include, but are not limited to NorthWing, OB/GYN, Emergency Department, Laboratory, Cardiopulmonary Department, and Operating Room

## Delta Clinic Unit Scope of Care (2002-2003)

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA, AND PATIENT POPULATION SERVED	The clinic is located within the hospital. There are 2 initial patient assessment rooms, 8 exam rooms, 1 procedure room, 1 bathroom, a utility room, a storage room, a consult room/break room and a nurses station. The clinic serves patients that do not have an appointment from the Yukon-Kuskokwim Delta region of Alaska.
AGE OF PATIENT POPULATION	Infant, adolescent, young adults, middle aged adults and geriatric patients
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Patient privacy and confidentiality are maintained. Informed consent for procedures is maintained. Family centered care. Attention to cultural diversity, spirituality, advance directives and age appropriate care is incorporated in patient care.
ASSESSMENT OF PATIENTS	Every patient is assessed by an MD, FNP or PAC with the help of a Nurse or ancillary staff.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Prioritize patient care as necessary. Interpreters are available during clinic hours.
PLANNING AND PROVIDING CARE OF PATIENTS	The plan of care is determined by the Practitioner and is carried out by the Nursing and ancillary staff. Clinical Guidelines and protocols are utilized. Support staff may be called in to help with assessment of care needs as well.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Only minor procedures are done in the clinic, for example: Toenail removal, casting, I & Ds, Nebulizer treatments and IV infusions.
REHABILITATION AND CARE	Patients may be referred to Physical Therapy, Respiratory Therapy,

SERVICES	Behavioral Health, Alcohol Treatment and Inhalant Treatment, Tobacco Cessation, Nutrition and to Contract Service Care that may be delivered out of town.
EDUCATION OF PATIENT AND FAMILY	Education is provided by the Practitioners that see the patients and the teaching is reinforced by the Nursing and ancillary staff.
MAINTAINING A SAFE ENVIRONMENT	Safety rounds are done on a routine basis, led by the Safety officer. Reports are generated from these rounds and a follow up plan is documented. Daily Quality Assurance checks and ongoing Quality Improvement projects.
MANAGEMENT OF HUMAN RESOURCES	The clinic is staffed with 1 charge RN, 2 initial assessment nurses/ancillary staff, 2 floor RN/LPN, 1 Nurses Aid and 1 Unit Clerk. The nursing and ancillary staff are supervised by a Lead Clinician RN and a Clinic Manager RN who also work closely with 1 Physician Service Chief.  The Provider staff consists a combination of physicians, PACs and/or FNPs and occasionally Residents and Health Aids with separate supervising Practitioners.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	STD reporting, Antibiotic resistant reporting, utilize reverse flow room in another hallway for patients with suspect communicable disease.

## **Emergency Department**

**Scope of Care** - The emergency department is certified as a Level IV Trauma Center. All patients, from newborn through geriatric are assessed and triaged by a Registered Nurse on a twenty-four hour basis, prioritizing and providing the appropriate level of care. The department is capable of providing a higher level of initial care than is otherwise available in the delta, and stabilization prior to transfer to a tertiary care center when required.

The Emergency Department includes a trauma room with two stretchers. One side is equipped for pediatric patients and the other side is equipped for adults, which can be interchangeable as the need arises. In addition, there are nine rooms with one stretcher each, which include a cast room and two GYN rooms. **Staffing** - The emergency department is available 24 hours a day, 7 days a week. The Clinical Director, a Physician Service Unit, and the nursing director cooperatively manage the emergency department. One physician is on duty twenty-four hours a day, seven days a week with specialty consultation available by telephone by members of the medical staff at ANMC twenty-four hours a day. A mid-level provider assists with patient care in the afternoons and evenings. Nursing staff consists of the nurse manager, twelve experienced RN's, and 5 ER Techs, which are cross-trained as EMTs. A charge nurse is responsible for assuring the smooth operation of patient care during each shift. Each Registered Nurse is Advanced Cardiac Life Support, Trauma Nurse Core Course, and Pediatric Advanced Life Support within one year of employment. Certified Emergency Nurse Exam is highly recommended.

## Treatment and Activities

- Evaluation of emergency patient care needs
- Stabilization of life threatening conditions
- Provision of life-saving procedures
- Provision of treatment of acute emergencies related to chronic conditions
- Provision of treatment for minor injury or illness
- Provision of emergency care for minor or major trauma victims
- Provision of care and medical evaluation of patients with minor or major burns with appropriate referral
  to a burn center
- Provision of emergency care and medical evaluation of patients with minor and major behavioral and psychiatric disorders
- Provision for hospital admission
- Provision of referral for follow-up care that addresses medical as well as psychosocial needs
- Provision of emergency care, social services, and evidence collection in the evaluation and treatment
  of victims of sexual assault and domestic violence

The standards of care provided in the Emergency Department are those recognized by the professional societies of Emergency Nurses Association, American Colleges of Surgeons, and other professional societies. Policies and procedures approved by the Policy and Procedure Committee are in place.

Care is systematically reviewed as an on-going Quality and Performance Improvement activity by a peer chart review and retrospective chart audits for the state Trauma Registry. Issues are presented and discussed in the Emergency Departmental meeting.

It is the goal of the Emergency Department to provide timely, cost efficient, quality emergency care in a compassionate, service-oriented, and culturally sensitive manner.

## **Endoscopy Lab**

The Endoscopy Lab provides inpatient and outpatient elective, diagnostic, urgent and emergency care to all ages. Elective procedures will be performed from 7:30 a.m. to 4:00 p.m., Monday – Friday. Emergency or urgent care will be provided as needed 24 hours a day, seven days a week. The unit consists of one procedure rooms for upper or lower GI procedures. Endoscopy procedures may be provided in other units, such as the OR. The same standards of care and practice will apply.

Treatment activities may include patient assessment, pre procedural teaching, performance of GI procedures, implementation of pre and post operative physician orders, post procedure assessment and care, verification of discharge instructions, discharge teaching and documentation of care provided.

The diagnostic and therapeutic procedures are performed by physicians.

How Staffing Needs are Met -Care during the procedure will be provided by the physician, nurse anesthetists, registered nurses, Technician III's and support staff. The registered nurse will serve as the circulating nurse role. The scrub role may be filled by an RN or Technician III. Support services are provided by registered nurses, central supply technicians III, and schedulers and as applicable, a house supervisor or other nursing management personnel.

**Services** - Ambulatory Clinics, Village Services, Radiology, Dietary, Housekeeping, Aero-Med Bethel based, Behavioral Services, Case Management, McCann Treatment Center and Home Care.

**Staff** - Staff in the Central Supply area include a Central Supply Coordinator, 2 Central Supply Technicians, and a .5 Technician III.

## **Infection Control**

**Scope of Services** -Infection control oversees surveillance and monitoring of the health care facilities of YKHC in order to identify and recognize nosocomial infections and other adverse events in the health care setting so that prevention and control activities can be identified and implemented to minimize the risk for these events.

**Mechanism Used to Meet Patient Care Needs** - Disease prevention is carried out by establishing monitoring programs to detect disease incidence and prevalence, assimilating predictive epidemiological information, and instituting protection and protective methods to reduce disease risk and disease spread. Immunization, prophylaxis and barrier programs are the most frequently used to accomplish this. The Infection Control Practitioner acts as the advisor and authority to each department of YKHC.

**How Staffing Needs are Met** - The Infection Control Program is managed by a Registered Nurse, with education (BSN, CIC) and experience in Infection Control. The Chief Nurse Executive provides overall and guidance for this program. Support for this program comes from all elements of YKHC.

<u>Process Used for acting on both Positive and Negative Variances:</u> The Infection Control Practitioner has available individuals who provide services during absences. In the event that more resources are required, staff would be utilized from other areas to support the function. Unit based Infection Control Practitioners are also utilized to provide extra monitoring and education.

## **North Wing**

The North Wing is comprised of 2 areas; a pediatric unit and a medical surgical unit. The unit area can accommodate up to 31 patients with an average daily census of 14.

The primary focus of care includes, but is not limited to acute adult, adolescent, and pediatric care. The age range of patients on this unit is from infancy to elderly. Respiratory and cellulites are the primary admitting diagnoses.

North Wing is comprised of private rooms and semiprivate rooms including 4 negative-pressure rooms. It is structured in a modified T shape with two nursing stations, utility rooms and supply closets as well as tub rooms. All beds have telemetry monitoring capacity. One bed serves as the Behavioral Health evaluation bed. The delivery of patient care is provided utilizing a team nursing approach with a multidisciplinary team of RN's, LPN's and NA's. The nurses collaborate daily with a multidisciplinary group including physicians, pharmacists, nutritional support personnel, respiratory therapists, social workers and other support personnel to maintain

and update the plan of care. Patients and families are updated by physicians and nurses daily concerning their progress and what goals and treatments modalities will be used for the day.

Support is provided to meet the patient's cultural and spiritual needs. Translators are available as needed. Normal hours of operation are 24 hours a day, 7 days a week with staff scheduled to meet the needs of the patient. Staffing is determined by patient census, acuity, with age and patient family support taken into consideration. The charge nurse takes into account the acuity and the availability of staff when making patient assignments. Staffing is accomplished with 12 hours shifts but may be revised in 4-hour increments. Nurses are called in or brought from other units to assist with general nursing duties as the need arises. The nursing staff work 7-12 hour shifts over a two-week period. Management consultation is available 24 hours per day, 7 days a week.

The nursing staff is composed of RN's, LPN's and NA's. BCLS is required for all direct patient care staff. Many nurses are also ACLS and PALS certified. Staff members complete a corporate orientation followed by a departmental orientation. Staff competency is evaluated yearly. Performance evaluations are given yearly on the annual anniversary date.

## Obstetrics Unit Scope of Care (2002-2003)

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA, AND PATIENT POPULATION SERVED	OB Unit consists of 3 single rooms and 2 2-bed rooms in the antepartum postpartum area, 2 labor/exam rooms, 2 delivery rooms and an infant treatment area that can accommodate 2 infants.  The unit provides care to outpatient and inpatient obstetrical patients with a gestation of > 20 weeks gestation, as well as newborns born in the unit.
AGE OF PATIENT POPULATION	Infant, adolescent, young adults and middle adults.
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Patient privacy and confidentiality are maintained. Informed consent for procedures is maintained. Family centered care. Attention to cultural diversity, spirituality, advance directives and age appropriate care is incorporated in patient care.
ASSESSMENT OF PATIENTS	Assessment of the obstetrical and newborn patient provided using AWHONN, ACOG and AAP AND EMTALA guidelines.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Infant safety and security through education of the parent/s. AT&T language line and translators available; Social Worker Services. Family centered care.
PLANNING AND PROVIDING CARE OF PATIENTS	Weekly High Risk OB Rounds. Unit specific Performance Improvement projects.  Provider Guidelines and unit specific policy and procedures.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	External Cephalic Version, antepartum testing, elective and emergency primary and repeat cesarean sections, labor induction/augmentation, stabilization of the sick neonate for transport and stabilization of the preterm and pre-eclamptic patient for transport.
REHABILITATION AND CARE SERVICES	Referrals to Registered Dietician, WIC Program and Social Services.
EDUCATION OF PATIENT AND FAMILY	Provide breastfeeding support, care to the family experiencing perinatal loss and fetal death, postpartum and newborn health education.
MAINTAINING A SAFE ENVIRONMENT	Provide Infant security measures as recommended by National Center for Missing and Exploited Children.
MANAGEMENT OF HUMAN RESOURCES	Maintain nurse/patient ratio as recommended by ACOG & AAP Guidelines for Perinatal Care. Maintain competency-based program for nursing staff throughout the year. Normal staffing usually includes 2-3 RN's per shift with additional staff called in as needed.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Admission assessments for TB, STD's, Rubella, Hepatitis B. Infection Control Reporting of nosocomial infections. Visitors screened. Patient education on infection prevention in the newborn.

## **Operating Room**

The Operating Room provides inpatient and outpatient elective, urgent and emergency surgical care to patients of all ages (under age 2 for short procedures). The surgical suite consists of one operating room (back-up operating room in L&D in emergency situations). A Nurse Manager supervises the operations of the unit with assistance from a Medical Director and other clinical staff.

The elective surgery schedule is Monday through Friday from 8:00 am to 4:30 pm, depending on patient needs, physician utilization and staffing levels. Emergency or urgent surgeries are provided 24 hours a day, seven days a week.

Surgical services are provided for:

- Limited General Surgery
- Limited GYN
- Limited Orthopedic Cases
- Dental Surgery
- · Limited Urology
- · Limited ENT
- Limited Obstetrical Surgery

#### Staff

Intraoperative care is provided by physicians, dentists, nurse anesthetists, registered nurses and Technicians III. A registered nurse served as the circulating nurse. The scrub role may be filled by a registered nurse, or a Technician III. Support services for the OR are provided by registered nurses, central supply technicians, schedulers and as applicable a house supervisor or other nursing management personnel. OR staffing includes 1 Nurse Manager, 3 Registered Nurses, 2 Medical Supply Technicians III, and 1 OR scheduler. This staffing covers pre and post op care, OR, PACU, and Endoscopy Suite. Surgical services provided on other units in emergencies will follow the same standards of care and practice.

## Pediatric Clinic Unit Scope of Care (2002-2003)

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA, AND PATIENT POPULATION SERVED	The clinic is located within the hospital. There are 1 initial patient assessment rooms, 5 exam rooms, 1 bathroom, a utility room, a storage room, a consult room/break room and a nurses station. The clinic serves patients from the Yukon-Kuskokwim Delta region of Alaska through an appointment and walk-in system.
AGE OF PATIENT POPULATION	Infancy to adolescence.
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Patient privacy and confidentiality are maintained. Informed consent for procedures is maintained. Family centered care. Attention to cultural diversity, spirituality, advance directives and age appropriate care is incorporated in patient care.
ASSESSMENT OF PATIENTS	Every patient is assessed by an MD or PNP with the help of a Nurse or ancillary staff.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Prioritize patient care as necessary. Interpreters are available during clinic hours.
PLANNING AND PROVIDING CARE OF PATIENTS	The plan of care is determined by the Practitioner and is carried out by the Nursing and ancillary staff. Clinical Guidelines and protocols are utilized. Support staff may be called in to help with assessment of care needs as well.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Only minor procedures are done in the clinic, for example: Lumbar puncture, I & Ds, PICC line removals, Nebulizer treatments and IV infusions.
REHABILITATION AND CARE SERVICES	Patients may be referred to Respiratory Therapy, Behavioral Health, Inhalant Treatment, Tobacco Cessation, Nutrition and to Contract Service Care that may be delivered out of town. Specialized Services are contracted within this clinic, for Neurology, Cardiology, Endocrinology and Pulmonology.

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
EDUCATION OF PATIENT AND FAMILY	Education is provided by the Practitioners that see the patients and the teaching is reinforced by the Nursing and ancillary staff.
MAINTAINING A SAFE ENVIRONMENT	Safety rounds are done on a routine basis, led by the Safety officer. Reports are generated from these rounds and a follow up plan is documented. Daily Quality Assurance checks and ongoing Quality Improvement projects.
MANAGEMENT OF HUMAN RESOURCES	The clinic is staffed with 1 charge RN, 1 floor RN, 1 Nurses Aid and 1 Unit Clerk/Scheduler. The nursing and ancillary staff are supervised by a Lead Clinician RN and a Clinic Manager RN who also work closely with 1 Physician Service Chief.  The Provider staff consists a combination of physicians, PACs and/or FNPs and occasionally Residents and Health Aids with separate supervising Practitioners.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	STD reporting, Antibiotic resistant reporting, utilize reverse flow room in another hallway for patients with suspect communicable disease.

# Specialty Clinic Unit Scope of Care (2002-2003)

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA, AND PATIENT POPULATION SERVED	The clinic is located within the hospital. There are 2 exam rooms, 1 ENT/procedure room, 1 consult room/break room shared with the Pediatric clinic and 1 office for the Nursing and Tech staff. The clinic serves patients from the Yukon-Kuskokwim Delta region of Alaska through an appointment and walk-in system.
AGE OF PATIENT POPULATION	Infancy to geriatric.
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Patient privacy and confidentiality are maintained. Informed consent for procedures is maintained. Family centered care. Attention to cultural diversity, spirituality, advance directives and age appropriate care is incorporated in patient care.
ASSESSMENT OF PATIENTS	Every patient is assessed by a specialty MD with the help of a Nurse or ancillary staff.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Prioritize patient care as necessary. Interpreters are available during clinic hours.
PLANNING AND PROVIDING CARE OF PATIENTS	The plan of care is determined by the Practitioner and is carried out by the Nursing and ancillary staff. Additional services are coordinated between the Specialty clinic staff and ANMC. Clinical Guidelines and protocols are utilized.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Only minor procedures are done in the clinic, for example: Colposcopies, Leeps, EMB, Cystoscopies, Joint/tissue injection, Echocardiograms, Hardware removal, Tissue biopsies, RN specific lab draws, Chemotherapy and Biotherapy infusions and central line care.
REHABILITATION AND CARE SERVICES	Patients may be referred to Respiratory Therapy, Behavioral Health, Inhalant Treatment, Tobacco Cessation, Nutrition and to Contract Service Care that may be delivered out of town. Specialized Services are contracted within this clinic, for Neurology, Cardiology, Urology, Surgery, Ortho, Rheumatology, ENT, GYN, and Hepatitis.
EDUCATION OF PATIENT AND FAMILY	Education is provided by the Practitioners that see the patients and the teaching is reinforced by the Nursing and ancillary staff.
MAINTAINING A SAFE ENVIRONMENT	Safety rounds are done on a routine basis, led by the Safety officer. Reports are generated from these rounds and a follow up plan is documented. Daily Quality Assurance checks and ongoing Quality Improvement projects.
MANAGEMENT OF HUMAN RESOURCES	The clinic is staffed with 1 Specialty clinic RN, 1 Oncology RN, and 2 Techs. The nursing and ancillary staff are supervised by a Lead Clinician RN and a

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
	Clinic Manager RN who also work closely with 1 Physician Service Chief. The clinic hosts 1 Specialist at a time. The Specialists are contracted through ANMC.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	STD reporting, Hepatitis registry reporting.

## **Surgical Services**

Surgical Services consists of 5 distinct areas, each with a defined scope of service to include independently assessing patient needs and condition, monitoring patient care and safety, education and evaluation of the care provided.

## **Pre and Post Operative Care Unit**

The pre and post-operative care unit provides pre and post-operative care to the surgery patient. There are 5 pre and post-operative beds and 3 phase I post anesthesia beds. This service is provided from 8:00 a.m. until no longer required Monday – Friday and as needed for emergencies.

Treatments and other activities include patient assessment, pre-op teaching, education assessment, nursing history, implementation of pre and post operative physician orders, post operative assessment, discharge teaching, verification of discharge criteria, documentation of care provided.

#### Staff

Staff in the pre and postoperative care phase I and II unit will be provided by Registered Nurses, C.R.N.A.'s, Technician III's, physicians and other support staff.

## Post Anesthesia Care Unit (PACU)

The PACU is available to provide intensive, individualized post anesthesia care to all ages 24 hours a day, 7 days a week. Post anesthesia nursing care will be provided by a registered nurse. The nurse/patient ratio will be 1:2 with variations based on individualized patient need.

## Treatment and activities will include:

- RN's will assess the patient on admission to the unit and every 5 minutes for the every 15 minutes for the first hour then every 30 minutes thereafter.
- Assess for adequate ventilation, body temperature and hemodynamic status.
- Follow physician orders as designated.
- Verify discharge criteria met
- Document care provided
- Post anesthesia care may be provided in other areas (E.D.) when patient needs dictate. The same standards of care and practice will apply.
- Care in the PACU will be provided by registered nurses, nurse anesthetists, and physicians and assisted by support staff as needed.

## Yukon & Kusko Clinic Unit Scope of Care (2002-2003)

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA, AND PATIENT POPULATION SERVED	The clinics are located within the hospital. In each clinic there are 1-2 initial patient assessment rooms, 8-9 exam rooms, 1 procedure room, 1 bathroom, a utility room, a consult room/break room and a nurses station. The clinic serves patients that have an appointment from the Yukon-Kuskokwim Delta region of Alaska.
AGE OF PATIENT POPULATION	Infant, adolescent, young adults, middle aged adults and geriatric patients.
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Patient privacy and confidentiality are maintained. Informed consent for procedures is maintained. Family centered care. Attention to cultural diversity, spirituality, advance directives and age appropriate care is incorporated in patient care.
ASSESSMENT OF PATIENTS	Every patient is assessed by an MD, FNP or PAC with the help of a Nurse or ancillary staff.

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Prioritize patient care as necessary. Interpreters are available during clinic hours.
PLANNING AND PROVIDING CARE OF PATIENTS	The plan of care is determined by the Practitioner and is carried out by the Nursing and ancillary staff. Clinical Guidelines and protocols are utilized. Support staff may be called in to help with assessment of care needs as well.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Only minor procedures are done in the clinic, for example: Toenail removal, casting, I & Ds, mole removal, Norplant removal, IUD insertion & removal, joint injections, and EMB, Nebulizer treatments and IV infusions
REHABILITATION AND CARE SERVICES	Patients may be referred to Physical Therapy, Respiratory Therapy, Behavioral Health, Alcohol Treatment and Inhalant Treatment, Tobacco Cessation, Nutrition and to Contract Service Care that may be delivered out of town.
EDUCATION OF PATIENT AND FAMILY	Education is provided by the Practitioners that see the patients and the teaching is reinforced by the Nursing and ancillary staff.
MAINTAINING A SAFE ENVIRONMENT	Safety rounds are done on a routine basis, led by the Safety officer. Reports are generated from these rounds and a follow up plan is documented. Daily Quality Assurance checks and ongoing Quality Improvement projects.
MANAGEMENT OF HUMAN RESOURCES	The clinic is staffed with 1 charge RN, 2 floor LPN/CMA, 1-2 Nurses Aid, 1 Unit Clerk, and 1 scheduler. The nursing and ancillary staff are supervised by a Lead Clinician RN and a Clinic Manager RN who also work closely with 1 Physician Service Chief.  The Provider staff consists a combination of physicians, PACs and/or FNPs and occasionally Residents and Health Aids with separate supervising Practitioners. The combination ranges from 1 – 4 practitioners in the AM and PM.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	STD reporting, Antibiotic resistant reporting, utilize reverse flow room for patients with suspect communicable disease.

## **Optometry Department**

**Scope of Services** - The Optometry Department provides routine eye exams; treatment and management of ocular diseases, i.e. glaucoma, diabetes, and red eyes; diagnosis of ocular abnormalities; follow-up care for surgeries performed at ANMC; follow-up care for glaucoma/diabetes, i.e., fundus photo/visual field; scheduling, glass repair, and ordering for patients; provide specialty clinic four times per year; 12 to 14 village trips per year to provide eye care; provide quarterly service to subregional clinic; educational needs related to eye care. Patients range in age from pediatric to geriatric.

Hours of operation are Monday through Friday, from 8:00 AM to 6:00 PM. Patients are scheduled between 8:00 AM to 6:00 PM.

**Mechanism Used to Meet Patient Care Needs -** The eye department uses a screening questionnaire or interview process in performing eye exams and providing eye care. The staff maintains records on the PCC Ambulatory Encounter Record for each patient visit.

**How Staffing Needs are Met** - The Optometry Department is staffed with 1 Department Head Optometrist and 3 staff Optometrists licensed by Alaska State Board of Optometry or, if government employee, state licensed in any state; and 4 Optometry Technicians. There is an orientation period for new employees. All employees receive an annual performance review.

## **Patient Financial Services**

**Scope of Services** - Patient Financial Services is composed of five areas: Admissions, Patient Resources (Medicaid & Medicare enrollment), Registration, Patient Billing, and Patient Accounts Receivable. The department exists to gather, process, and convey accurate information on all patients receiving care at the Yukon-Kuskokwim Health Corporation in a timely and professional manner. The services provided by Patient Financial Services include: patient registration, admission, hospital census, pre-certification of insurance, education and assistance of patient resources - Medicaid & Medicare, preparation of patient information for billing, CPT-4 coding, processing claims for submission to insurance companies, financial arrangements, posting, follow-up of claims, cashier, bank deposits, patient collections, filing and maintaining of financial information, and handling of calls relating to Patient Financial Services functions.

Registration is done 7 days a week from 8:00 AM to 6:00 PM Monday through Friday.

The department of Patient Resources is open 5 days a week from 8:00 am to 5:00 pm Monday through Friday. Patient Billing and Patient Accounts Receivable are both operational 5 days a week, Monday through Friday, from 8:00 am to 5:00 pm. Patient Registration is open in excess of those hours worked by the group practice hallways to accommodate their patient needs. After 6:00 PM, and on weekends and holidays, all visits are considered emergencies and Registration information is collected by the ER department.

How Staffing Needs are Met - Services provided under YKHC Patient Financial Services are under the direction of the Patient Financial Services Director who reports to the Chief Financial Officer. This administrator is responsible for financial statements, budgeting, financial regulatory reporting, and cost reports and provides support to all patient care providers throughout the organization for all data related to the financial operation of specific departments or units and how this interrelates with the organizational mission and values of YKHC. All new employees go through a specific training period, each department with its own length of training based on the job description requirements. Individual skill levels and competency evaluations are defined and maintained within the Patient Financial Services and Human Resources. They are conducted after a 90-day probationary period and annually.

**Process Used for Acting on Both Positive and Negative Variances** - Staffing is monitored and schedules are developed based on patient flow information and department budgets. Staff in the Patient Financial Services are cross-trained to help out in other Patient Financial Services areas as required and requested. Staff is occasionally moved to those areas needing assistance depending on staff availability to ensure all patient care needs pertaining to Patient Financial Services are met.

## **Pharmacy**

**Scope of Services** -Pharmacy services are patient-centered and are directed toward optimal patient care outcomes, health promotion, and disease prevention. Pharmacy services purpose is to assure efficacious, safe, and cost-effective drug therapy and appropriate outcomes in the use of drugs and medicines in the communities served.

Outpatient Services: Chart review, interviewing patients for medication history, filling of prescriptions, patient counseling/education including food/nutrient interactions, cytotoxic IV preparation, distribution of medications to village and subregional clinics, drug information.

Inpatient Services: Preparation of sterile products (IV admixtures, piggybacks, syringes), medication histories, monitoring of drug therapy, drug information, discharge counseling/education on medications including food/nutrient interactions.

Drug Information/Education: For patients and health care providers.

Personnel/Administration & Management: Recruitment and retention, staff development, development of department budget, maintains appropriate records for controlled substances, personnel management, scheduling, planning.

Supply and Distribution: Procurement of needed supplies from various vendors; distribution of medications to nursing units and clinics, vaccines to villages and clinics, prepackaging of medications and monitoring drug recalls, inventory management, cost accounting.

QC/QA/QI: Maintain Drug Utilization Reviews, Pharmacy and Therapeutics Committee, Drug Utilization Evaluations, Quality Controls, Adverse Drug Reactions, Non-Formulary requests, Clinical Guidelines, Staff Competencies/Training, and other Quality Improvement activities.

Outpatient Services are staffed from 8:00 AM to 9:00 PM, Monday through Friday and patients are seen from 9:00 AM to 9:00 PM, Monday through Friday, and from 9:00 AM to 8:00 pm on Saturday and Sunday. Inpatient Services are staffed from 7:00 AM to 9:00 PM, Monday through Friday and 7:00 AM to 3:00 PM, Saturday, Sunday, and holidays with a Pharmacist on-call 24 hours a day.

Mechanism Used to Meet Patient Care Needs - The Pharmacy maintains a QC/QA/QI plan which includes drug utilization review, drug utilization evaluations, adverse drug reaction monitoring, non-formulary request monitoring, clinical guideline monitoring/development, competency evaluations, pharmacist/DEA/FDA license monitoring, pharmacists dispensing review, chemotherapy dispensing review, Pharmacy & Therapeutics Committee activities, and various other quality control (patient waiting times, assessment of patient understanding of counseling, etc.) and quality improvement activities as determined. The Pharmacy also maintains workload indicators that are used to determine the application of existing resources and for strategic planning.

**How Staffing Needs are Met** - The Pharmacy is staffed with 25 FTE's. Pharmacists account for 13 FTE's and Technicians account for 12 FTE's. Competency of staff is determined as new staff goes through orientation

and the initial 3-month probationary period; in addition, each employee has an annual competency evaluation in conjunction with their performance appraisal. Workload indicators are continually monitored for adjustments in staffing (location, hours, FTE's, etc.).

**Process Used for Acting on Both Positive and Negative Variances -** The Pharmacy Department monitors workload activities and builds staffing schedules to accommodate the provision of care. Training and leave requirements are adjusted in order to assure the proper provision of care. Recruiting activities are on going and pharmacy intern(s) and TDY(s) fill any gaps in staffing.

#### **Physical Therapy**

**Scope of Services -** Clients range in age from 2 months to 90+ years of age. A variety of musculoskeletal, neurological and orthopedic cases are seen. Approximately 90 percent of the population seen are outpatients, 98 percent of these patients live on the Yukon-Kuskokwim Delta. Approximately half of the patient population seen in the Physical Therapy Department is from outlying villages. Fifteen to twenty patients are seen daily, on average. Position titles in the department are Director of Physical Therapy, Staff Physical Therapist and Unit Clerk.

The Physical Therapy Department operates Monday through Friday, 8:00 am through 6:00 pm, excluding federal holidays.

Village trips are scheduled to the sub-regional clinics in Aniak, Emmonak and St. Mary's six times per year. Plans are in place to provide services in the new sub-regional clinics when construction is complete. Mechanism Used to Meet Patient Care Needs - A practicing MD, PA, NP, Community Health Aide or Community Health Aide/Practitioner (CHA/P) refers each patient. The attending therapist performs an assessment of each patient, and a plan of care is devised and implemented, with the referring provider notified. In the case of a patient referred by a CHA or CHA/P for treatment, the plan of care is forwarded to the village physician for review and signature. Alaska has direct access to Physical Therapy, which allows access to services without a direct referral. This is explained to the patient prior to the first appointment, emphasizing that some insurance companies do not cover Physical Therapy services without a provider referral. Patients are encouraged to check with their insurance carriers to determine specific requirements. In the event a patient requires services not available in the Physical Therapy Department, or is in need of further assessment; a referral is made to the appropriate specialist. For Native beneficiaries needing orthopedic, neurological or rheumatology referrals, the Specialty Clinic at the hospital is contacted and a referral sheet filled out for the next clinic in Bethel. If necessary, the primary physician is notified if direct referral to ANMC is needed. For orthotics and prosthesis fitting/repair, a phone referral is made to Northern Orthopedics or other vendor in Anchorage and a prescription is faxed in to the company. For durable medical equipment needs (walkers, wheelchairs, canes, etc) the Physical Therapy Department assesses the patient and sends a prescription and supporting paperwork to the patient's choice of vendor in Anchorage. The equipment is then sent out to the Physical Therapy Department for distribution to the patient. How Staffing Needs are Met - Currently there are 3 FTE positions for Physical Therapists in the Physical Therapy Department. These positions are covered by three licensed physical therapists. There is 1 FTE position for a Unit Clerk. Staff competency is determined during the initial three-month evaluation period, and with annual performance reviews performed by the Department Director. The Patient Care Services Administrator performs the Department Director's annual evaluation.

**Process Used for Acting on Both Positive and Negative Variances -** All FTE Physical Therapists in the Physical Therapy Department are salaried staff. If the staff physical therapist is required to consistently work over their normal scheduled hours, compensatory time may be set-aside in the next workweek, if it does not negatively impact patient care. If there is a negative variance in the staff therapist's schedule, the therapist is expected to assist the department director in duties as assigned. PRN staffing is used as needed, and therapists are available.

## **Quality Management**

**Scope of Services** - The Quality Management Department is responsible for assuring that the quality assurance activities are performed in accordance with IHS regulations, as well as assuring readiness for the Accreditation process for hospitals in accordance with JCAHO, and other accrediting agencies. Functions of this department include the responsibility for developing, implementing, monitoring, and evaluating the quality assessment and improvement programs of YKHC. Additionally this program collects and maintains quality improvement data and information monitoring and provides and coordinates ongoing training to staff. Quality Management services are provided from 8:00 AM to 5:00 PM, Monday through Friday.

## **Qavartarvik (Hostel)**

**Scope of Services** - Qavartarvik (YKHC's hostel) is a part of the Travel Management Center, under Patient Cares Services. Qavartarvik is available for use by Natives and Non-Natives who are from the Yukon-Kuskokwim Delta Region villages and have come to Bethel for medical care. Lodging is additionally provided for non-Bethel residents when family members are inpatient at YKDRH and medical escorts who are actively involved in patient care.

**Mechanism Used to Meet Patient Care Needs** - Qavartarvik has 16 single rooms, 4 double rooms, 1 double/single room and 2 studio apartments. With all beds full, the Hostel can house 35 people. There are 7 rollaway beds and 3 portable cribs available to accommodate additional guests and babies. Qavartarvik is equipped with telephones, fax machine, printer, and copier. The computer system includes

Windows NT, Microsoft Office, and Jaguar (the property management system).

A YKHC Provider must make the referral into the hostel for a patient, escort or family member to stay at Qavartarvik. The Provider makes the referral using a Physician Transport Order Sheet or a PCC. This ensures that the patient has a medical necessity and that the proper orders are met.

**How Staffing Needs are Met** - Qavartarvik is open 7 days a week, 24 hours a day. Staffing includes a manager and 5 technicians. Qavartarvik has bilingual English/Yup'ik speakers on staff.

**Process Used for Acting on Both Positive and Negative Variances** -A work schedule is maintained to assure equal and fair distribution of time worked. In addition to the 5 regular technicians, Qavartarvik has an on-call staff that it uses when regular staff are out for vacation or illness. Night and shift differentials are paid according to YKHC policy. When necessary, overtime is paid. The Qavartarvik manager is available after hours and on weekends via cellular phone.

## **Risk Management**

**Scope of Services -** The Risk Manager provides direction and support to hospital staff and physicians regarding any potential or actual liability issue. Continuing education and quality improvement activities are performed for any identified trend or pattern. The Risk Manager is informed immediately of any significant occurrences to patients, visitors or staff that have to potential for harm. The Risk Manager works in coordination with the Quality Management Administrator in the identification and management of risks in patient care.

The Risk Manager's normal service hours are 8:00 AM to 5:00 PM, Monday through Friday. In emergency situations occurring after normal hours, the Risk Manager can be contacted at home.

## **Safety Management**

**Scope of Services** - The Safety Manager is responsible for assuring all that is reasonable is done to prevent injury to persons and damage to property and to protect the employees, the facilities, the patients, the environment, and the public from injury, fire or other damage. The Safety Manager is responsible for developing, implementing, monitoring, and evaluating all hazard assessment and injury risk reduction programs. Additional responsibilities include identifying and analyzing deficiencies through regularly scheduled surveys; assisting with development and implementation of corrective actions and evaluation of their effectiveness; and collecting and maintaining injury and property damage data. The Safety Manager also provides and coordinates ongoing training. Safety Management services are provided from 8:00AM to 5:00PM Monday through Friday. Emergency safety services after normal hours are available by contacting the YKHC Switchboard and/or Special Services Department.

## **Security**

**Scope of Services** - Security services are provided through the Special Services Department managed by the Safety Manager. Services provided by this department include: security patrols of the YKHC campus; patient and employee safety; assisting in identifying and eliminating hazards; traffic control; response to emergency calls and codes; response to calls for assistance; and general services related to customer assistance. Special Services staff are on duty 24 hours seven days a week.

#### Sexual Abuse Response Unit (SARU)

**Scope of Service and Staffing -** The SARU is a unit staffed and managed by the Emergency Services Department for the purpose of conducting forensic evidence-collection examinations on alleged victims and perpetrators of sexual assault or abuse. The examinations are conducted by specially trained registered nurses – Sexual Assault Nurse Examiners (SANE'S) at the request of either the Bethel Police Department or

the Alaska State Troopers depending on whether or not those involved come from Bethel or Delta villages. Counseling and assessment is provided by specially trained clinical social workers.

The Sexual Assault Response Unit (SARU) Coordinator is a member of a community-based group who work as a team (Sexual Assault Response Team or SART) to protect and support victims of sexual assault or abuse, prosecute perpetrators, educate the community, and decrease the rate of assaults and abuse within the YK service area.

This issue affects both genders and all ages. An on-call system is maintained to assure availability of a competent examiner with coordination of services supervised by the Emergency Department Nurse Manager. The on-call system eliminates positive variance and the emergency room staff handles negative variance.

#### **Social Services**

**Scope of Services** - The Social Services department exists to provide appropriate and timely social service interventions on inpatients and outpatients receiving care at the YKDRH when necessary, and/or, requested. The services available include crisis intervention, psychosocial assessments, counseling/therapy, brokerage, advocacy, education, mediation, emotional support, case management, HIV/AIDS case management, consultation, problem-solving, investigation and research, specialized discharge planning, and liaison with agencies within the community.

The Social Services department works closely with a multidisciplinary team to develop a discharge plan that addresses all needs for post hospitalization care for patients with complex discharge requirements. Social Services staff can be called into the hospital during off-hours for deaths, sexual assaults, domestic violence, and hospital-specific emergent needs. Other issues can wait until the next working day or be addressed by the nursing staff if the concern is minor or by the Behavioral Health Emergency Services Department if the issue is severe.

The Social Services department operates 8 hours a day, Monday through Friday, from 8:00 AM to 5:00 PM. Mechanism Used to Meet Patient Care Needs:

Social service needs are assessed, an evaluation is made, and services are provided for the issues appropriate to patients needs. Social work services referrals are accepted from physicians, hospital personnel, patients, families, outside agencies, and others. Referrals may be made in person, by telephone, or by written documentation.

**How Staffing Needs are Met** - The staff for the social services department includes one Social Worker and one Lead Social Worker. The staff social worker is either a B.S.W. or an M.S.W graduate from an accredited School of Social Work with oversight consultation and responsibility by an L.C.S.W.

**Process Used for Acting on Both Positive and Negative Variances -** The department has occasional negative variance, which are met by cross-coverage, and prioritization of referrals and issues. If the caseload is still too heavy, Nursing assists in addressing patient needs and Behavioral Health assists in major crisis. Positive variance, which seldom occurs, can be dealt with by flexibility in scheduling.

## **Sub-Regional Clinic**

**Scope of Care Provided** - The Sub-Regional Clinic is located in Aniak, Emmonak and St. Mary's, Alaska. They are an ambulatory clinic open from 8:30 AM to 6:00 PM, Monday through Friday except holidays. They serve patients ranging from neonate to geriatric from surrounding villages with the sub-regional clinic as the hub. Services are provided on a walk-in and appointment basis. Services include non-emergent and emergent evaluations, including prenatal care, laboratory services, radiology services, patient teaching, counseling, care coordination and referral to other facilities. A health aide and mid-level Provider are on call 24 hours a day. The Urgent Care Room is utilized to initially treat and stabilize emergent patients. Patients are then transported to ANMC or YKDRH for further evaluation if needed.

**Mechanism Used to Meet Patient Care Needs -** A Community Health Aide, in conjunction with a RN, determines the treatment urgency and performs initial assessment of each patient. Assessment may lead to use of diagnostic procedures such as radiology and lab. Therapeutic applications can include medication administration, cast application, or other procedures. Discharge process includes release to home, referrals to village clinics, YKDRH, Public Health Nurses, Visiting Specialties at Sub-regional Clinics, ANMC, behavioral health, and various other providers.

**How Staffing Needs are Met** - The staff is composed of Nursing Assistant, Community Health Aides at various certification levels, Registered Nurse, Midlevel Providers, Radiology Technician, Laboratory Technician, registration technician, biller/coder, maintenance, and housekeeping all under the supervision of the Operations Manager. Competency of staff is determined as a new staff member goes through orientation

and the initial three-month probationary period. In addition, each employee has an annual competency evaluation. The Human Resources Department maintains competency/skill information.

**Process Used for Acting on Both Positive and Negative Variances -** Staffing consists of at least one Midlevel provider and a Community Health Aide with support staff during regular clinic hours. One Community Health Aide and Midlevel provider are on call after hours, weekends and holidays. During extreme emergencies, any staff member can be called in to assist along with the Emergency Medical System in Aniak.

#### **Staff Development**

**Scope of Services** - The Staff Development functions for required programs and other educational processes are provided through the corporate Learning Center in a collaborative process. Nursing Administration also employs a Clinical Nurse Educator to assist with the provision of clinical education.

## **Switchboard**

**Scope of Service -** The YKHC Switchboard Department provides telephone coverage for YKHC. Employees who staff this position, along with the Supervisor are responsible for ensuring that continuous, uninterrupted coverage of the hospital main switchboard is maintained.

Switchboard Operators are responsible for answering the telephones; transferring the calls to the appropriate person/department; provide appropriate information to callers; provide paging services; radio dispatch for emergencies; alert Technology personnel of switchboard failure; keep logs for unusual events; process Health Aide calls after 5:00 PM.

For Switchboard Operators, the "normal" working day is defined as 7:00 AM until 11:00 PM Monday through Friday, and 9:00 AM – 9:00 PM weekends and holidays. The telephone system has an automated attendant service that provides a direct connection to emergency services from 11:00 PM to 7:00 AM.

## How Staffing Needs are Met - The Switchboard is staffed with 5.8 FTE's.

Overall assessment of Switchboard needs is performed by the direct supervisor and the Chief Information Officer. Determination for equipment and staffing is based upon the number of incoming calls through the PBX system, hospital clinic operating hours, PBX system reports, staff input, community feedback and available funds.

Competency of staff is determined as new staff members go through orientation and training provided by the senior operator. Each employee has an annual competency evaluation in conjunction with his or her performance appraisal. Competency/skills information is maintained in Human Resources to assure ready availability for staffing decisions and assignment. The required number and mix of staff members are determined utilizing decision-making skills with information established by hospital clinic operating hours, PBX system reports, staff input, community feedback, and budget limitations.

**Process Used for Acting on Both Positive and Negative Variances -** The Switchboard department utilizes a system of offering time off with pay to persons who are scheduled in excess of need. A monthly schedule is maintained to assure equal and fair distribution of time worked and avoid over-scheduling. When a negative variance is experienced, a change is made to the scheduling. When the operators are unable to fill the required hours, part-time staff are used to fill the shift. When part-time staff is unavailable, regular full-time staff are called upon to work overtime. Supplemental staffing through outside agency is not used.

## **Technology**

**Scope of Services -** Telecommunications and computer systems technologies have merged significantly in recent years. The Technology Department provides 8 core services to YKHC:

- Maintenance and documentation of hardware, software, networks, cabling and other components of corporate communication systems;
- Repair of hardware, software, networks, and cabling;
- Provide and maintain security for patient and corporate electronic data bases and communications;
- Provide research, evaluation, and planning services for information systems and associated hardware and software;
- Developing and implementing corporate standards for information systems and component parts;
- Provide training for software, hardware, and network use:
- Install hardware, software, cabling, and other components of Corporate communication system; and,
- Coordinate and provide programming services for YKHC.

Beyond the general functions outlined, the department performs the following services:

- Provide training on phone system features, functions, and usage;
- Coordination of 800 number services;
- Maintain, program, and repair the Meridian 1 system and telephones;
- Review of Directory Listings;
- Install and maintain peripheral telecommunications devices; and,
- Coordination of Corporate services with local and long distance carriers.

The department also operates the Computer Help Desk providing on-line, real time support and first-line troubleshooting to all YKHC clinical, financial, and micro-computer hardware and software, telecommunications hardware and software, all peripheral/fax/copier hardware and software, and coordinating maintenance services by outside vendors. Technology also provides advanced support of IBM-compatible PC software.

For Technology staff, the "normal" working day is defined as 7:30 AM until 6:00 PM, Monday through Friday, excluding Holidays. There is a Technology staff member on-call for emergencies 24 hours per day, seven days per week.

How Staffing Needs are Met - The Management of Information Functional Team and the Chief Information Officer perform assessment of Corporate Technology needs. Determination for equipment and staffing is based upon a corporate-wide needs assessment, staff input, community feedback & available funds. Competency of staff is determined as new staff members go through orientation and training provided by the Technology staff. Each employee has an annual competency evaluation in conjunction with his or her performance appraisal. Competency/skills information is maintained in Human Resources to assure ready availability for staffing decisions and assignment.

**Process Used for Acting on Both Positive and Negative Variances** -A bi-weekly schedule is maintained to assure equal and fair distribution of time worked and avoid over-scheduling. When a negative variance is experienced, a change is made to the scheduling. Supplemental staffing through outside agency is not used.

## **Tribal & Program Support Services**

**Scope of Services -** Tribal and Program Support Services provides support to all departments of the Yukon-Kuskokwim Health Corporation and to the 58 tribes of the Yukon-Kuskokwim Delta. The Medicaid & Medicare Enrollment Program, Grantwriting Services, Media Services, Office of Environmental Health & Engineering, Remote Maintenance Worker Program, Water Testing Laboratory and Water Operator Training. Another function of the TPSS program is to organize and implement the annual Tribal Unity and Medicine Gathering.

- Tribal Unity and Traditional Medicine Gathering is an annual event in which tribal delegates and representatives gather in Bethel by invitation from YKHC to hear YKHC's annual reports, determine tribal health service priorities, and learn traditional healing and practices by Native healers.
- **Grantwriting** provides technical assistance to YKHC administration and programs, as well as Y-K Delta tribes on grant/proposal planning, funding and evaluation. The main support given to YKHC is to assist in grant/proposal development for supplement services or continuation of existing funding/grants. The main support given to tribes is in efforts to find funding for health clinics and other health services facilities with the cooperation of other YKHC programs that ultimately will be responsible for their operations.
- Office of Environmental Health and Engineering is a valuable program that monitors environmental health factors, including waste and well water systems, and oversees all facets of construction and maintenance of the hospital and village clinics.
- Remote Maintenance Worker Program provides services in the Y-K Delta by training village water/wastewater operators to properly operate and maintain their water treatment and sewer facilities. The RMW program also provides emergency services for village and subregional clinics only when no other assistance is available. Two RMWs are based in Bethel serving Lower Kuskokwim and coastal villages, while one each are based in St. Mary's, servicing the Lower Yukon villages, and Holy Cross, servicing upper Yukon and Kuskokwim River villages.
- Water Testing Laboratory provides water-testing services for all village communities, schools, and Bethel locations. Existing wells and sources of water for communities are required by State law to be tested monthly for bacteria.
- **Water Operator Training** is provided by OEHE and RMW programs to train individuals hired by municipalities, tribes or other owners of community sanitation facilities to properly operate and maintain their systems, thereby state and/or federal guidelines/requirements.

- **Medicaid and Medicare Enrollment** village outreach program is designed to facilitate enrollment of all eligible Y-K Delta residents into entitlement programs, including Alaska's State Denali KidCare Program.
- **Media Services** provides support to YKHC/YKDRH administration and programs through health education and health services materials, as well as in the development of reports, a corporate newsletter, health education or corporate use videos, and public relations.

How Staffing Needs are Met - TPSS is staffed by 21 persons. All services are under the direction of the Tribal & Program Support Services Director. The director of OEHE and M&M Enrollment Program supervisor report to the TPSS Director. TPSS services are provided 8:00 AM to 5:00 PM, Monday through Friday. The OEHE department is available 24 hours a day for environment-related emergencies suspected of endangering public health. The Medicaid & Medicare Enrollment staff travel twice weekly to villages, targeting 4 visits to each village annually.

## **Utilization Review**

**Scope of Services** - Utilization Review exists to support the hospital and Medical Staff by ensuring appropriate and timely utilization of services provided at YKDRH. The services provided by the Care Managers include working with medical staff and administration in management of the utilization of resources in an effort to improve patient care and decrease costs. In addition, this function works very closely with the Social Workers in the discharge planning process to ensure timely and appropriate discharges. Utilization Review services are available from 8:00 AM to 5:00 PM, Monday through Friday.

## **Village Operations**

A. Community Health & Wellness: Diabetes Prevention and Control Program

**Scope of Care Provided** - Primary, Secondary, and Tertiary diabetes prevention services are provided to all residents of the Y-K Delta. Targeted populations include school children, elderly, individuals at risk, and individuals with Type 1, Type 2, Gestational Diabetes (GDM) or Impaired Glucose Tolerance (IGT). Services include community presentation, training of lay health workers and medical providers, development of diabetes practice guidelines, maintenance of a diabetes registry, development of school curriculum, and sponsoring activities that promote a health lifestyle.

**Mechanism Used to Identify Patient Care Needs** -\_Staged Diabetes Management (SDM) practice guidelines have been developed and institutionalized at YKHC. Monthly audits, as well as a yearly evaluation, are performed to determine if patient care is happening in accordance with the SDM practice guidelines and the recognized standards of care.

**How Staffing Needs are Met** - The Diabetes Prevention and Control Team is staffed with one program director, two Registered Nurses of which one is a Certified Diabetes Educator (CDE), one Registered Dietician, one Exercise Specialist, two RN Case Managers and 1.0 FTE of a support staff position which is shared among all the CHW programs.

**Process on Acting on Negative and Positive Variances** - When fully staffed, the Diabetes team is able to make village trips to each of the villages yearly, consult on patients in the hospital, present at statewide conferences, and work on primary prevention activities. In times of staff shortage, consultations are done via the phone or by appointment only. Village travel is reduced accordingly. Focus is still given to primary prevention activities. All staff, with the exception of the support staff position, is either exempt or Public Health Service officers, so extra hours are worked when the situation demands it.

B. Community Health & Wellness: Health Education & Circle of Care Project

**Scope of Care Provided** - Primary prevention health education is provided to all residents of the YK Delta through community presentations, village travel, and training of Community Health Representatives (CHRs). Targeted populations include youth, individuals at high risk, and the incarcerated population. **Mechanism Used to Identify Patient Care Needs** - Need is determined through surveillance of the leading causes of preventable disease in the YK Delta, by community or individual request, by funding levels, and board directive.

How Staffing Needs are Met - The Health Education Department is staffed with 1.5 FTEs Master level Health Educators, one Bachelor level Health Educator, and four Community Health Representatives. Process on Acting on Negative and Positive Variances - When fully staffed, the Health Education team is able to make village trips to each of the villages yearly, work on primary prevention activities in numerous areas, develop and enhance programs, do surveillance and evaluation, and work to build community capacity through Community Wellness Teams. In times of staff shortage, village travel is reduced accordingly and Health Educators focus their prevention efforts to more specific areas. Some staff

is exempt so extra hours are worked when the situation demands it. Non-exempt employees are rarely asked to work additional hours.

C. Community Health & Wellness: Fetal Alcohol Syndrome Prevention Program

Scope of Care Provided - Primary prevention education is provided to all residents of the YK Delta through community based presentations, village travel, training of Community Health Representatives (CHRs), working with Task Forces, the Parents' Support Group, Behavioral Health Family Services, Parents Inc, the Statewide FAS steering Committee, and FAS Diagnostic Team. The FAS Health Educator works closely with the Lower Kuskokwim School District, the Lower Yukon School District, the Disability Law Office, the Behavioral Health Wellness Counselors, the Phillips Ayagnirvik Treatment Center (PATC), Obstetrics care workers, group practice prenatal care mangers, and the Medical Social Workers. Targeted populations include pregnant women, parents and partners, children with alcohol-related birth defects, individuals at high risk, and residents of the Pre-maternal Home.

**Mechanism Used to Identify Patient Care Needs -** Individuals, family members, parents, Community Health Aides/Practitioners, medical and DFYS social workers, Wellness Counselors, physicians, and Alaska Native Medical Center make referrals to the FAS Prevention Program.

**How Staffing Needs are Met** - The Fetal Alcohol Syndrome Prevention Program is staffed with one Bachelors level Health Educator and 0.5 FTE Masters level Coordinator.

Process on Acting on Negative and Positive Variances:

When the Health Educator is away from the office, a message is left on e-mail and on voice mail that she is out of the office. Follow up is provided when the staff returns.

D. Control and Emergency Medical Services: Injury Control

**Scope of Care Provided** - Primary injury control education is provided to all residents of the YK Delta through community presentations, village travel, and training of Community Health Representatives (CHRs). Training and services are provided in the following areas: Water Safety, Fire Safety, All Terrain Vehicle Usage, Cold Weather Survival, etc.

**Mechanism Used to Identify Patient Care Needs -** Need is determined through surveillance of the leading causes of injury in the YK Delta, through surveillance of the contributing factors to injury, by community or individual request, by funding levels, and board directive.

**How Staffing Needs are Met** - The Injury Control Program is staffed with 0.5 FTE Bachelors level Director who has graduated from the I.H.S Injury Prevention Fellowship, one Injury Prevention Specialist and one Masters level Data Collection Specialist.

**Process on Acting on Negative and Positive Variances - When** fully staffed, the Injury Control team is able to make village trips to each of the villages yearly, work on injury prevention activities in numerous areas, develop and enhance programs, do surveillance and evaluation, and work to build community capacity activities through the Community Health Representatives. In times of staff shortage, village travel is reduced accordingly and the staff focuses their prevention efforts to more specific areas. 1.5 FTEs are Public Health Service officer so extra hours are worked when the situation demands it. Non-exempt employees are rarely asked to work additional hours.

E. Injury Control and Emergency Services: Emergency Medical Services

**Scope of Care Provided** - Training is provided to approximately 196 Health Aide/Practitioners from 47 communities serviced by YKHC. Training sessions include Emergency Medical Training (EMT) and Emergency Trauma Training (ETT). Other trainings are offered to the community when such requests are made or there is a demonstrated need.

**Mechanism Used to Identify Patient Care Needs -** Health Aides are required to complete training every two years. Training is scheduled so Health Aides can meet this requirement.

**How Staffing Needs are Met** - The department is budgeted to have one coordinator and 3.5 trainers, and 0.5 FTE Director.

**Process on Acting on Negative and Positive Variances -** Negative variances such as permanent staff shortage require the training scheduled to be modified to meet the staffing restraints.

F. Health Promotion Services: Well Child (EPSDT) Program

**Scope of Care Provided** - The Well Child Program consists of four components; Outreach, Initial Screening and Assessment, Referrals and Quality Assurance and Follow-up. All Medicaid eligible children are eligible to receive a Well Child screen. Service, however, is not denied to children who do not fall under this stipulation. Currently, the Well Child Program has 19 Well Child trained CHPs. Exams are done on children ages 5-20 with plans to train CHP's to do ages 0-4 starting in the Fall 2003. Services include; outreach and education to the general public about the importance of health prevention in children, age-appropriate exams, referrals to appropriate resource and follow-up care as needed.

**Mechanism Used to Identify Patient Care Needs -** The Healthy Kids Module is accessed every month to obtain a list of eligible children due for screening. Children are scheduled out of the Well Child office based on the Healthy Kids Module. Completed exams and referrals generated from exams are case-managed by a RN or NP to assure continuity of care.

**How Staffing Needs are Met** - The Well Child Program is staffed with one Advanced Training Coordinator (NP), one vacant Clinical Instructors (NP), one vacant Clinical Instructor (RN or CHP) and one Data Entry person.

**Process on Acting on Negative and Positive Variances -** The Well Child Program makes monthly village trips to oversee Well Child CHPs technique in doing the exams. Monthly contact is made with each Well Child CHP to dialogue about progress. All staff are exempt except the Data Entry Clerk, so extra hours are worked as needed.

G. Health Promotion Services: Nicotine Cessation and Control

**Scope of Care Provided** - Nicotine Cessation services are offered to all residents of the YK Delta for smoke and smokeless tobacco. An on-going media campaign is also provided.

**Mechanism Used to Identify Patient Care Needs -** Referrals for Nicotine Cessation services are made through various providers.

**How Staffing Needs are Met** - The program is staffed with 0.5FTE Director, 1 coordinator, 2 cessation counselors, and 1 media specialist.

**Process on Acting on Negative and Positive Variances -** When fully staffed, the Nicotine Cessation team is able to work on patient counseling, primary prevention activities, develop and enhance programs, do surveillance and evaluation, and work to build community capacity .In times of staff shortage, Health Educators focus their prevention efforts to more specific areas such as counseling. Some staff is exempt so extra hours are worked when the situation demands it. Non-exempt employees are rarely asked to work additional hours.

H. Village Operations: Support Services

**Scope of Care Provided -** Provide logistical, clerical, payroll services are provided to more than 300 employees of YKHC Village Operations

**Mechanism Used to Identify Patient Care Needs -** The staff does not provide direct patient care. They provide staff to the staff that does.

**How Staffing Needs are Met** - Staffing of Support Services is contingent on the number of filled CHA/P positions and overall positions in Village Operations. The quantity of CHA/P positions is driven by the encounter numbers (PEF counts) each year. The flux in other Village Operations positions is driven by grant monies received.

**Process on Acting on Negative and Positive Variances -** The Village Operations support staff are cross-trained to logistics, clerical and payroll tasks. During staff shortages, available staff is trained to cover tasks necessary to continue with business. Administrative Assistants from other areas in Village Operations fill in as needed.

1. Community Health Aides Services: Health Aide Training

**Scope of Care Provided -** Training is provided to approximately 196 Health Aide/Practitioners from 47 communities serviced by YKHC. Levels of Training include Session I, Session II, Session III, and Session IV

**Mechanism Used to Identify Patient Care Needs -** Training sessions are scheduled based on the number of Health Aides who need to progress to the next level. It is the goal of the training program to have CHAs to level III as quickly as possible so that they can practice independently in the clinics.

**How Staffing Needs are Met** - There are nine budgeted positions for Basic Training Instructors (BTIs). BTIs are either Nurse Practitioners or Physicians Assistants. Currently 4.9 positions are filled with continuous recruiting occurring.

**Process on Acting on Negative and Positive Variances - Negative variances such as permanent staff** shortage require the training scheduled to be modified to meet the staffing restraints.

J. Community Health Aides Services: Clinic Supervision

**Scope of Care Provided** - Approximately 196 community health aides in 47 villages provide primary and first responder care. In addition, advance track health aides provide a higher level of service in the areas of well child and women's health screenings.

**Mechanism Used to Identify Patient Care Needs -** Patient need is identified by either direct referral from patient or family, referral from schools or other community sources, or referral from medical providers at secondary or tertiary sources in Bethel at the Yukon-Kuskokwim Delta Regional Hospital or in Anchorage at Alaska Native Medical Center.

#### How the Department is Staffed to Meet the Patient Care Needs:

Staffing needs are determined by analysis of the annual actual numbers of patient encounters in the clinic. Staffing patterns are applied according to these numbers.

Process on Acting on Negative and Positive Variances:

Negative variances such as permanent staff shortage or outbreak of identified communicable disease is supported by sending additional trained float health aides to the village in need.

#### K. Women, Infants, Children (WIC) Program:

**Scope of Services** - The WIC program is for low-income families is designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population at a critical time in child growth and development. This includes pregnant, breastfeeding, postpartum women, infants and children before their fifth birthday. They receive special supplemental foods rich in protein, iron, vitamin A and C.

The WIC program operates Monday through Friday from 8:00 AM to noon, and 1:00 PM to 5:00 PM. *Mechanism Used to Meet Patient Care Needs -* To be certified as eligible for the program, applicants who meet the categorical, residential, and income eligibility requirements must also be determined to be at nutritional risk.

Certified Staff members conduct anthropometric and hematological measurements to determine nutritional risk or to use medical referral data from other health measurements.

The Certified Staff provides nutrition education as a benefit of the program, designed to be easily understood by participants and it shall bear a practical relationship to participant nutritional needs, household situation, and cultural preferences including information on how to select food for themselves and their families.

Nutrition education is intended to foster long-term use of WIC foods and to encourage positive nutrition and health habits after participation has ended. It shall stress the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants, and children less than five years of age.

Program provides monthly prescription of nutritious foods tailored to supplement the dietary needs of participants. Prescriptions includes infant formula; infant cereal, juice, milk; eggs; cereal; cheese; juice; dried beans; peanut butter, and canned tuna and/or salmon and carrots for fully breastfeeding moms. *How Staffing Needs are Met -* The WIC Program is staffed with 1 WIC Director who is a Registered Dietitian; 1 WIC Nutritionist who is a Registered Dietitian; 1 Competent Professional Authority (CPA) with a Bachelors Degree in Nutritional Science; 1 WIC Technician II who is a WIC certified CPA and has passed the Alaska WIC Competent Professional Authority Certification exam; 2 WIC Technician II's who are trained and have good knowledge on the specific policies and procedures for WIC service delivery. Process Used for Acting on Both Positive and Negative Variances:

The delivery of services is very consistent and not affected if negative variance is experienced. Staff fill in and function to deliver program services.

#### **Women's Health Grant**

**Scope of Care Provided** - The Yukon-Kuskokwim Health Corporation provides patients with services to detect and diagnoses breast and cervical cancer. These services are provided through a grant funded through the Center of Disease Control in Atlanta, Georgia. Grant oversight is provided by the Chief Nurse Executive working in collaboration with a Grant Manager and other staff including, medical providers to provide pap smears, clinical breast exams and mammography services to the women throughout the Yukon-Kuskokwim Delta. Case Managers assist patients without coverage to diagnostic services with the overall goal of early detection of cancer.

**Mechanism Used to Identify Patient Care Needs -** Case Managers work in collaboration with providers to help patients in obtaining services needed for quality preventive health. In addition to assisting with an individualized plan of care, the Case Manager coordinates services between all resources to provide for optimum patient care and follow-up. Case Managers provide services for all women but target specific ages more susceptible to cancer.

Case Management services encompass planning and coordination of services to maximize clinical and financial outcomes. Case managers work with the medical staff and Quality Management to ensure that all patients receive care based on the best medical practices to assist the patient in receiving quality, cost effective medical services.

**How Staffing Needs are Met** - This department is staffed with a Grant Manager, a Secretary/Data Manager, A Case Manager and a Case Manager/Health Educator.

<u>Process used for acting on Positive or Negative Variances</u> - Staff are available during clinic hours Monday through Friday and are available for pre-arranged meeting for individualized needs. Staff assists in providing Women's Health Clinics and Mammography Clinics and assist in the provision of care in village clinics.

#### YKHC Travel Management Center (TMC)

**Scope of Services** - The Travel Management Center (TMC), under Patient Care Services, manages all medically necessary transportation and related travel services for the medical, dental and vision needs of beneficiary and non-beneficiary patients of the Yukon-Kuskokwim Health Corporation (YKHC). In addition, the TMC arranges all business travel and related services for YKHC employees and supports AeroMed International, which provides medical flight staff for critical, urgent and routine patient transports. The Travel Management Center also has a medical billing office that processes all air and transportation related services for medical travel.

#### Mechanism Used to Meet Patient Care Needs:

The TMC includes two offices, one in Bethel located within the Yukon-Kuskokwim Delta Regional Hospital near the Emergency Room, and one in Anchorage located within F.S. Air Services adjacent to the Anchorage International Airport. The Bethel TMC office is readily accessible to patients and providers. The Anchorage TMC office is located where YKHC patient aircraft land and depart. Both offices are open 7 days a week. The Anchorage TMC office is open from 8am to 8pm weekdays and 10am – 8pm on weekends. The Bethel TMC office is open from 8am to 8pm weekdays and 11am to 8pm on weekends.

Each office is a full service travel agency capable of making air, ground and lodging reservations as well as ticketing for air travel. The Anchorage TMC is linked to the Bethel PBX switchboard (YKHC extension 2204) that makes all calls local calls and gives the offices the ability to transfer phone extensions to each other. The TMC has two (2) Satellite Ticket Printers in Bethel. These are currently not in use but offer the ability for YKHC to have ticketing capabilities in locations that are geographically removed from the Bethel TMC office. The TMC offices are equipped with telephones, fax machines, printers, copiers, and ticket printers. The computer system includes Windows NT, Microsoft Office, Apollo and GlobalWare (the airline reservation system and agency backroom accounting system), SMS and Jaquar (the property management system). A T-1 line links the Anchorage office to the YKHC telephone switchboard in Bethel. This makes it possible to transfer phone calls between the two locations and makes computer networking quick and easy. The sending physician, using a Physician Transport Order Sheet, initiates all patient travel and the request for lodging services at the Qavartarvik hostel. This sheet ensures that the patient has a medical necessity for the travel, and that the proper orders for travel are met. The TMC offices arrange the appropriate air

**How Staffing Needs are Met** - The Travel Management Center offices are staffed with travel technicians who are experienced travel industry veterans. Each office has a Supervisor/Coordinator and five (5) travel technicians. Both TMC offices have bilingual English/Yup'ik speaking staff.

**Process Used for Acting on Both Positive and Negative Variances -** The Bethel TMC Supervisor is available by beeper after normal working hours and on weekends should patient travel issues arise. A work schedule is maintained to assure equal and fair distribution of time worked. Night and shift differentials are paid according to YKHC policy. When necessary, overtime is paid to cover absences due to vacation, illness, and vacancy.

#### **PLAN REVIEW**

The Organizational Plan for Provision of Patient Care is reviewed and approved annually prior to the beginning of the budget planning process. This annual review considers the following:

1. Patient requirements and their implications for staffing.

transportation, ground transportation, escort(s), and lodging when necessary.

- 2. The corporation's ability to attract and develop appropriate staff.
- 3. Information from performance improvement, risk management, utilization review, and other evaluation activities pertaining to the Unit/Department staffing and performance.

In addition to this review, the Organizational Plan for Provision of Patient Care will be reviewed any time during the year when a change in patient population or change in services provided occurs. The Organizational Plan for Provision of Patient Care is also included during the budgetary review for purposes of planning for operations and capital expenditures. The Administrative Team, Chief Nurse Executive, President of the Medical Staff, and the Board of Directors review and approve the Organizational Plan for Provision of Patient Care.

Standard reference: JCAHO: (CC.1)

Written by: Jack Crow, Vice President of Health Services

Committee signature: Health Services Team

Approval signature \_\_\_\_\_

If a paper copy of the YKHC Corporate Policy and Procedure Manual are preferred, please request access at one of the following locations; Corporate Administration (Legal Division)-3rd Floor of CHSB, Hospital Administration (Quality Management Office)-West Wing, Hospital Emergency Department-Nurse Manager, Aniak Subregional Clinic-Clinic Manager, AeroMed-Director, Village Operations-Administrator, Behavioral Health Administration-Third Floor CHSB.

## **VISITING PROFESSIONAL SUMMARY (2003)**

<del> </del>									
Region/Clinic Name	Mid Level	MD	Optometry	PT	Behavioral Health Clinic	Radiology (mammogr)	Audiology	Dental Hygienist	WIC
ANIAK SUBREGION	Level	IVID	Optometry	- ' '	ricalti Oliric	(maninogi)	Addiology	Dental Hygienist	VVIC
Aniak		3d/m	20d/yr	8d/y	8d/y	5d/y	20d/yr	Edlur	5d/y
Anvik	2d/y	3u/III	20u/yi	ou/y	ou/y	Su/y	20u/yi	5d/yr	Su/y
Chuathbulak									
Crooked Creek									
Grayling	2u/ y	3d/y							
Holitna River		Ju/y							
Holy Cross	2d/v								
Lime Village									
Lower Kalskag									
Napaimute	2019								
Red Devil									
Russian Mission									
Shageluk		4d/y							
Sleetmute	3d/y								
Stoney River									
Stony River									
Upper Kalskag									
Unspecified	•								
BETHEL SUBREGION									
Akiachak		4d/y							
Akiak	2d/y								
Atmautluak	•								
Bethel	hfv								
Eek		4d/y							
Kasigluk		3d/y							
Kipnuk		4d/y							
Kongiganak		2d/y							
Kwethluk		4d/y							
Kwigillingok		3d/y							
Napakiak		3d/y							
COMMUNITY									
Napaskiak	?								
Nunapitchuk		3d/y							
Oscarville									
Quinhagak									
Tuluksak	4d/y								

7			l		i			1	-
Desire (Olivie News	Mid				Behavioral	Radiology			
Region/Clinic Name	Level	MD	Optometry	PT	Health Clinic	(mammogr)	Audiology	Dental Hygienist	WIC
Tuntutuliak									
Unspecified									
EMMONAK SUBREGION									
Alakanuk		3d/y							
Bill Moore's Slough									
Chuloonawick									
Emmonak		3d/m	20d/yr	8d/y	8d/y	5d/y	20d/yr	5d/yr	5d/y
Hamilton									
Kotkik	,								
Nunam Iqua	4d/y								
ST MARY'SSUBREGION									
<u>Anderafski</u>									
<u>Marshall</u>		4d/y							
Mountain Village		4d/y							
Pilot Station	4d/y								
Pitkas' Point	4d/y								
Saint Mary's		3d/m	20d/yr	8d/y	8d/y	5d/y	20d/yr	5d/yr	5d/y
Unspecified									
HOOPER BAY SUBREGION									
Hooper Bay	3d/y	8d/y							
Scammon Bay	5d/y								
Chevak	7d/y								
Paimiut									
TOKSOOK BAY SUBREGION									
Newtok									
Tununak		3d/y							
Nightmute	2d/y	•							
Chefornak									
Toksook Bay		3d/m	20d/yr	8d/y	8d/y	5d/y	20d/yr	5d/yr	5d/y
Mekoryuk		1d/y	-	-	-	-	-		

VISITS TO HOSPITAL FROM ANMC (2003)

SPECIALTY			,	- /								
CLINIC	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ENT	2d		2d	2d	4d	4d	4d	4d	4d	4d		4d
			2d									
SURGERY	2d											
											2d	
GYN	2d											
ORTHO			4d		4d			4d				4d
CARDIAC	2d			2d					2d	2d		
NEURO				2d					2d			
RHEUM				2d						2d		
HEPATITIS		1d								1d		
UROLOGY		2d				3d					4d	

# **STATEWIDE REFERRAL DELIVERY PLAN**

CLINIC NAME	Subregion	REGIONAL	TERTIARY
Anvik			
Chuathbulak	Aniak Subregional Clinic	Y-K RH	ANMC
Crooked Creek			
Grayling			
Holitna River			
Holy Cross			
Lime Village			
Lower Kalskag			
Napaimute			
Red Devil			
Russian Mission			
Shageluk			
Sleetmute			
Stony River			
Upper Kalskag			
Akiachak			
Akiak		Y-K RH	ANMC
Atmautluak			
Eek			
Kasigluk			
Kipnuk			
Kongiganak			
Kwethluk			
Kwigillingok			
Napakiak			
Napaskiak			
Nunapitchuk		Y-K RH	ANMC
Oscarville			
Quinhagak			
Tuluksak			
Tuntutuliak			
Alakanuk			
Bill Moore's Slough	Emmonak Subregional Clinic	Y-K RH	ANMC
Chuloonawick			
Hamilton			
Kotkik			
Nunam Iqua			
Anderafski			
Marshall	St Mary's Subregional Clinic	Y-K RH	ANMC
Mountain Village			
Pilot Station			
Pitkas' Point			
Scammon Bay			
Chevak	Hooper Bay Subregional Clinic	Y-K RH	ANMC
Chevak			

CLINIC NAME	Subregion	REGIONAL	TERTIARY	
Paimiut				
Newtok		V 17 511		
Tununak	Toksoook Bay Subregional Clinic	Y-K RH	ANMC	
Nightmute				
Chefornak				
Mekoryuk				

#### **CONTRACT HEALTH SERVICE RECOMMENDATIONS**

Suggestions on how to improve CHC billing provided by YKHC Community Relations department.

- 1. Their form letter is very confusing to individuals being billed. People tend to ignore what they don't understand perhaps education by means of YK news with a copy of this form letter stating "If you receive this letter, please send to Community Relations along with bills you have received."
- 2. It would also be nice to get a copy of these forms being sent so we can help patients before it's too late. Sometimes patients wait until collection agencies start to hound them before they seek help.
- 3. Our Docs need education in CHC Process We have a new group of Providers unfamiliar with our system.
- 4. ANMC (CHC) is now requiring proof of eligibility we need to educate patients by requesting constantly that they need to bring their Certificates of Indian Blood when they come here. We need someone to sit and help them fill out these forms if they don't have their CIB's, otherwise it won't get done because it is too complicated.
- 5. Even for people with insurance it gets confusing. Most only have 80% coverage. Some try to pay even if they shouldn't.
- 6. #8 on the form most patients don't remember who their provider was especially when they are referred from one to the next. Also, when patient is medivac'd to ANMC to AK or Providence, the docs don't tell patient who ANMC referring Doc is.



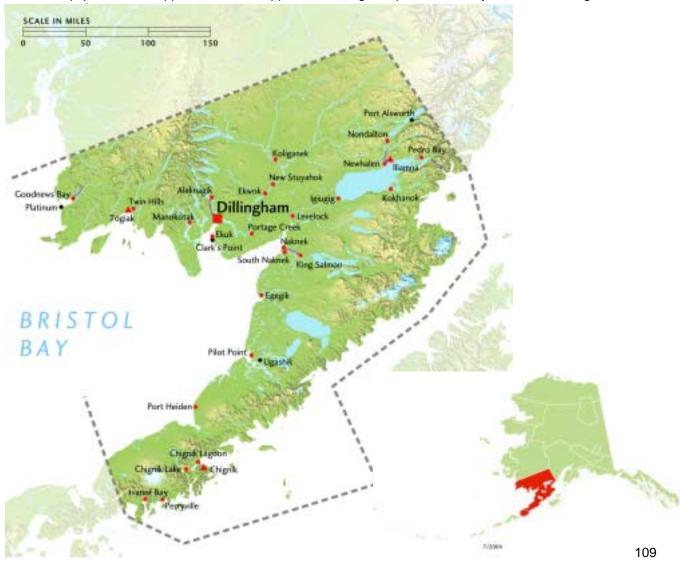
# BBAHC BRISTOL BAY AREA HEALTH CORPORATION

### **LOCATION/GEOGRAPHY**

The Bristol Bay Area Service Unit region encompasses 46,714 square miles (an area approximately the size of Ohio). The service unit surrounds Bristol Bay and extends from the Pacific side of the Alaska Peninsula northeast to Lake Iliamna on the east. The northern and western boundaries of the service unit are the Taylor and Kuskokwim Mountains

A coastal-type climate prevails over the area. Temperatures are cool and rainfall is moderate. Temperatures range from 50 to 70 degrees in summer to 10 to 20 degrees in winter. Occasionally, lows reach -30 degrees when the northerly winds blow cold air. Winter snow accumulations range from very heavy in the mountains to light along the coast, where high winds and frequent thaws keep the tundra relatively free of snow. Winds of 25 to 35 miles per hours for extended periods are not uncommon. Ice-covered roads hamper transportation for much of the winter.

Daily airline service links Iliamna, King Salmon and Dillingham to Anchorage. Transportation, scheduled and chartered, between other Bristol Bay villages and Iliamna, King Salmon or Dillingham is by local air carriers supplemented by boats in summer and snowmobiles in winter. The only roads for automobiles are among Dillingham, Aleknagik and Kanakanak, between Iliamna and Newhalen and between Naknek and King Salmon. Equipment and supplies must be shipped via airfreight or postal service year round or barge from



### **POPULATION**

The Native people of the Bristol Bay area are primarily Yupik Eskimos. They comprise approximately 74% of the total population of the region. The economy is heavily dependent on the fishing industry that has been in decline in recent years. This has led to high unemployment rates (13 - 22%) and out migration. The current census and user populations are similar and the census-based projection is less than the HSP projection:

2000 Census Count	*5378	*Does not include Illiamna Subregion
2002 User Population	5503	
2015 Census Population Projection	5948	
2015 User Population Projection	6583	

Because of declining birth rates, the number of children in the region will decline over the next decade, while the number of elderly will increase. Within the region there may be some migration to Dillingham but most migration is likely to be outside the region.

### **Regional Age and Sex Distribution**

			Má	ales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	666	475	302	1016	187	166	2814
2015	390	403	433	1255	335	252	3068
Change	58%	85%	143%	124%	179%	151%	109%
			Fen	nales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	610	465	255	957	165	165	2617
2015	356	374	374	1182	326	269	2880
Change	58%	80%	146%	124%	197%	163%	110%

Bristol Bay Area Health Corporation Community and Health Facility Data Summary

ı	Community and Healt	n Fac	HITY	Data	Sumn	nary						
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	Projected PCPV - 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Chignik Service Area									-			
Chignik	Native Village of Chignik	78	48	106	352	SRC	Kŀ	4	ANMC		KH	
Chignik Lagoon	Native Village of Chignik Lagoon	67	85	88	289		KH		ANMC		KH	
Chignik Lake	Chignik Lake Village	139	127	163	536	VC	KH	Н	ANMC		KH	
Egegik	Egegik Village	84	89	102	349	VC	Kŀ	4	ANMC		KH	
Igiugig	Igiugig Village	43	44	44	155	VC	KH	4	ANMC		KH	
Ivanof Bay	Ivanoff Bay Village	11	21	22	62	VC	KH	4	ANMC		KH	
Levelock	Levelock Village	113	117	128	418	VC	KH	Н	ANMC		KH	
Perryville	Native Village of Perryville	103	105	135	468	VC	KH	4	ANMC		KH	
Pilot Point	Native Village of Pilot Point	79	86	103	327	VC	KH	Н	ANMC		KH	
Port Heiden	Native Village of Port Heiden	99	93	117	373	VC	Kŀ	Н	ANMC		KH	
Ugashik	Ugashik Village	3	9	1	6		Kŀ	Н	ANMC		KH	
Unspecified			10									
Dillingham Service Area												
Aleknagik	Native Village of Aleknagik	165	187	197	693	VC	KH	4	ANMC		KH	
Clarks Point	Village of Clarks Point	79	69	92	318	VC	KH	Н	ANMC		KH	
Dillingham	Curyung Tribal Council	1753	1540	2162	7407	Hosp.	KH	H	ANMC		KH	
Ekuk	Native Village of Ekuk	1		2	6		KH	H	ANMC		KH	
Ekwok	Ekwok Village	118	122	136	444	VC	Kŀ	H	ANMC		KH	
Koliganek	Koliganek Village	177	159	192	619	VC	KH	Н	ANMC		KH	
Kulukak		2		3	11		KH	Н	ANMC		KH	
Manokotak	Manokotak Village	373	378	450	1492	VC	Kŀ	H	ANMC		KH	
New Stuyahok	New Stuyahok Village	455	452	531	1753	VC	Kŀ	H	ANMC		KH	
King Salmon Service Area	1											
King Salmon	King Salmon Tribe	106	133	116	381		KH		ANMC		KH	
Naknek	Naknek Native Village	270	319	281	946	VC	KH	+	ANMC		KH	
South Naknek	South Naknek Village	114	115	127	439	VC	KH	Н	ANMC		KH	
Togiak Service Area												
Goodnews Bay	Native Village of Goodnews Bay	241	216	317	1094	VC	Kŀ		ANMC		KH	
Platinum	Platinum Traditional Village	35	38	53	201		Kŀ		ANMC		KH	
Togiak	Traditional Village of Togiak	720	750	844	2867		Kŀ		ANMC		KH	
Twin Hills	Twin Hills Village	75	65	71	262	VC	Kŀ		ANMC		KH	
Unspecified			1				Kŀ	<u> </u>	ANMC		KH	
Totals		5,503	5,378	6,583	22,268							

Hosp: Hospital

SRC: Subregional Clinic VC: Village Clinic

ANMC: Alaska Native Medical Center

KH: Kanakanak Hospital

Bristol Bay region is comprised of 34 Bristol Bay Area Health Corporation (BBAHC) member village tribes, of which 33 are federally recognized. The total population of the region in the 2000 census is 8,078, of which 5,551 are Alaska Natives/American Indians. This represents an approximate 12% population increase from 1990 to 2000 census of total population and an approximate 22% increase from 1990 to 2000 census of Alaska Native/American Indian population.

BBAHC serves the Alaska Native/American Indian population throughout the region. In addition, the BBAHC Board of Directors has elected to provide all its services to non-Natives on a fee for service basis. Health care services by providers in the region, other than BBAHC, include a private dentist that serves one week per month of general dentistry in Dillingham, and one week per month general dentistry in Naknek. A private medical clinic owned by Bristol Bay Borough is located in Naknek (Camai Clinic), which offers medical services but is currently operated by contract with BBAHC. Southcentral Foundation operates a subregional clinic located in Iliamna and also provides itinerant medical and dental coverage for the villages of Iliamna, Kokhanok, Newhalen, Nondalton and Pedro Bay. The Alaska Native Medical Center (ANMC) in Anchorage provides primary hospital services for that same Lake Iliamna village region. All other services to the Lake Iliamna area are provided by BBAHC.

#### **ORGANIZATIONAL DESCRIPTION**

Bristol Bay Area Health Corporation (BBAHC) was the first tribal organization in the United States to utilize Public Law 93-63 8 Contract to manage and operate an Indian Health Service (IHS) Unit. BBAHC was formed on behalf of 32 (now 34) village tribes in 1973 and began managing and operating the Kanakanak Hospital and Bristol Bay Area Service Unit in 1980. In 1995, BBAHC joined several other Alaska Tribal Organizations and Tribes entering into the then demonstration project with the federal government to establish a compacting agreement with IHS to manage their respective health programs. The demonstration project has now become permanent legislation and BBAIIC enjoys a compacting relationship with HIS and other federal agencies.

BBAHC provides health services in the Bristol Bay region in the following discipline: medical, dental, optometry, audiology, pharmacy, laboratory (including microbiology and blood banking) medical imaging (including radiology and fluoroscopy, ultrasound, and mammography) physical therapy, maternal and child health, emergency department, inpatient nursing services, outpatient clinics, specialty clinics utilizing specialty physicians from Anchorage, specialty dental services utilizing specialty dentists from outside the region, environmental health, remote maintenance program, outpatient mental health counseling, respite home for mental health clients, outpatient alcohol and drug counseling, residential alcohol and drug rehabilitation, village based family service workers (know as behavioral health aides in some regions), Community Health Aide Program (CHAP) services based in 29 village clinics, health education, diabetes program, telemedicine, injury prevention and safety, home health, palliative care, immunization, social services, smoking cessation, medivac, emergency medical services training and fetal alcohol screening. Inpatient medical services are based only at Kanakanak Hospital. Subregional clinics utilizing midlevel practitioner for coverage, operated by BBAHC in Chignik Bay, Naknek and Togiak and operated by South Central Foundation in Iliamna. All other programs offer their services to each village location through traveling staff or village based staff. From its beginning, the BBAHC Board of Directors has elected to serve HIS beneficiaries and all non beneficiaries in all its programs and services.

In addition to its clinical programs, BBAHC offers support and oversight services in the following disciplines: Board of Directors, Administration, legal, grant writing, public information, nursing administration, compliance, utilization review, medical records, information technology, wide area network, maintenance, housing, project management, security, personnel, infection control, employee health, finance, patient accounts and registration and safety management, housekeeping, laundry and boarders quarters.

In the beginning, BBAHC had three employees. BBAHC now employs over 400, and has an annual budget of approximately \$40 million. Its revenue sources include IHS compact funds, federal, state and private grants and direct charges and collections for client services. BBAHC was one of the four demonstration locations to bill directly to Medicare, Medicaid and private insurance rather than through IHS.

BBAHC provides services primarily at Kanakanak Hospital, the BBAHC Counseling Center, and Jake's Place in Dillingham and 29 village clinics. Several programs also provide services in local schools, community based offices and other community based locations. Kanakanak Compound is the only IHS location that operates its own water and sewer system, does its own road improvements and maintenance and snow removal as well as emergency electricity generation.

BBAHC is a 501 (c) (3) private, not for profit corporation incorporated in the State of Alaska. In addition BBAHC is a federally recognized tribal organization with a compact agreement with 1115. BBAHC is a consortium of 34 tribes in the Bristol Bay region that has organized as a tribal organization to provide health services in the Bristol Bay region. BBAHC is governed by a 34 member Board of Directors, with one person elected or appointed by each member's tribal council for a three-year term. The Board of Directors generally meets once each year. The Board of Directors elects an eleven member Executive Committee from members of the Board. The Board of Directors delegates day-to-day governance of the corporation to the Executive Committee. The Executive Committee typically meets monthly or calls special meetings as needed. H. Sally Smith of Dillingham is the current Board Chair.

The Board of Directors hires the President and Chief Executive Officer (CEO) of the Corporation, who then reports to the Executive Committee at each of its meetings. The CEO is responsible for the day-to-day

operations of the Corporation and for representing the Corporation on the national, state and regional basis. The CEO then hires and manages his/her management team. The current President/CEO is Robert J. Clark.

BBAHC financial operations are independently audited by a Certified Public Accounting firm each year and the audit is presented to its Board of Directors, the federal government and state granting agencies. BBAHC has enjoyed many years of unqualified opinions with no material weaknesses.

BBAHC is committed to maintaining accreditation status for its various programs through the major accreditation organizations. BBAHC's hospital and village-based clinical programs, behavioral and home health programs are accredited by Joint Commission on Accreditation of Healthcare Organization (JCAHO). BBAHC laboratory is accredited by the College of American Pathologists (CAP) its mammography program is certified by the American College of Radiologists (ACR) and its diabetes program is certified by the American Diabetes Association (ADA). In addition, several programs are inspected by state agencies for assurance of compliance with State of Alaska standards.

### **HEALTH SERVICES PRIORITIES**

- · Accessible, quality healthcare
- Promotion of health and prevention of disease
- Sensitivity to Alaska Native traditions and values
- Importance of rights provided by self determination
- Honest and timely communications
- Individual accountability and dedication to teamwork
- Hiring, developing and encouraging AN/AI
- · Respect for an individual's dignity, independence and choice
- Adherence to federal and state law and program requirements
- · Protection of patient confidentiality

#### ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

Bristol Bay Area Health Corporation is currently working on a project, which will provide a new community mental health clinic to replace the leased space used by BBAHC's Mental Health program in Dillingham, Alaska. This new facility will allow day treatment of clients, an expanded village care program, and an expanded children's program.

This new Community Mental Health Clinic will be funded jointly by Bristol Bay Area Health Corporation, three Indian Community Development Block Grants, the Rasmuson Foundation, the Alaska Mental Health Trust Authority and the Denali Commission.

### **LOCATIONS OF EXISTING FACILITIES**

		Size of			
HEALTH FACILITY	Bldg. No. (if designated)	Facility (Sq. Ft.)	LOCATION	Year Constructed	Comments
Kanakanak					
Hospital –					Permanent bldg Federal
General Admin	00301	22,986	Kanankanak	1941	property
Kanakanak					Permanent bldg
Hospital –					Federal property
General Admin	P0301	969	Kanankanak	2002	Elevator addition
Kanankanak					5
Hospital – Clinical	00404	25.025	Kan andran al-	4005	Permanent bldg
Services	00401	35,005	Kanankanak	1985	Federal property
Dental Annex	00310	1,227	Kanankanak	1974	Temporary bldg Federal property
Dental Annex	00310	1,221	Nanankanak	1974	Permanent bldg
					Federal property
					Funded by BBAHC and
Jake's Place	00324	6,039	Kanankanak	1993	ICDBG grant
oake of lace	000Z-T	0,000	ranamanak	1000	Permanent bldg
					Federal property
					Addition to Jake's Place
					funded by BBAHC and
Freddie's Place	0324	840	Kanankanak	1999	State of Alaska grant
					Modular bldg
					Owned and funded by
Finance Bldg		2662	Kanankanak	1997	BBAHC on Federal Land
					Permanent bldg
					Federal property
					Originally housing duplex
					converted to CHAP
					Admin offices and pre-
OLIA D DI I	2222	0000		4050	maternal boarding
CHAP Bldg	00303	2939	Kanankanak	1953	quarters
EMC 04:	0070	4.475	Kan andranali	4070	Temporary bldg
EMS Offices	00T2	1475	Kanankanak	1972	Federal property
CHAD Training	00070	2400	Kanankanak	1005	Temporary bldg
CHAP Training	000T2	2409	Kanankanak	1985	Federal property  Permanent bldg
Maintenance Garage	00402	2880	Kanankanak	1985	Federal property
Water Treatment	00402	2000	Nariarikariak	1905	Permanent Bldg
Plant	00312	720	Kanankanak	1952	Federal property
				1974	
Storage	00311	550	Kanankanak		Federal property
Storage	00313	520	Kanankanak	179	Federal property
					BBAHC owned and
Warehouse	00501	6400	Dillingham	1980	funded
Environmental			3		BBAHC owned and
Health Offices	00501	2444	Dillingham	1980	funded
"Our House"			J		BBAHC owned Funded
Respite Center	00502	2000	Dillingham	1978	with State of Alaska grant
BBAHC		4000	Dillingham	1930	Leased by BBAHC
		.500			

HEALTH FACILITY	Bldg. No. (if designated)	Size of Facility (Sq. Ft.)	LOCATION	Year Constructed	Comments
Counseling Center					
SISTR Program		220	Dillingham		Leased by BBAHC
FAS Coordinator		120	Dillingham		Leased by BBAHC
WIC/Infant					,
Learning					
Programs		831	Dillingham		Leased by BBAHC
CHR Office		110	Dillingham		Leased by BBAHC
South Shore					Leased by I.H.S. Community is divided by lake with no road
Aleknagic Clinic		880	Aleknagik	1996	connection
North Shore Aleknagik Clinic		740	Aleknagik	1981	Leased by I.H.S. Community is divided by lake with no road connection
Chignik Bay Clinic		1346	Chignik Bay	1980	Leased by I.H.S.
Chignik Lagoon			Chignik		_
Clinic		1299	Lagoon	1973	Leased by I.H.S.
Chignik Lake Clinic		784	Chignik Lake	1973	Leased by I.H.S.
FSW Office		120	Chignik Lake		Leased by BBAHC
CHR Office		144	Chignik Lake		Leased by BBAHC
Field Coordinator		192	Chignik Lake		Leased by BBAHC
Clarks Point Clinic		786	Clarks Point	1963	Leased by I.H.S.
FSW Office		140	Clarks Point		Leased by BBAHC
Egegik Clinic		2400	Egegik	2003	Leased by I.H.S.
Ekwok Clinic		949	Ekwok	1993	Leased by I.H.S.
FSW Office		80	Ekwok		Leased by BBAHC
Field Coordinator Office		120	Ekwok		Leased by BBAHC
Goodnews Bay Clinic		1386	Goodnews Bay	1970	Leased by I.H.S.
FSW Offices (2 offices)		414	Goodnews Bay	1970	Leased by I.H.S.
Igiugig Clinic		768	Igiugig	1968	Leased by I.H.S.
Iliamna Clinic		1048	Iliamna	1980	Leased by I.H.S.
Field Coord. Office		120	Iliamna		Leased by BBAHC
King Salmon Clinic		1100	King Salmon	1994	Leased by I.H.S.
CHR Office		120	King Salmon		Leased by BBAHC
Kokhanok Clinic		988	Kokhanok	1991	Leased by I.H.S.
FSW Office		200	Kokhanok		Leased by BBAHC

HEALTH FACILITY	Bldg. No. (if designated)	Size of Facility (Sq. Ft.)	LOCATION	Year Constructed	Comments
Koliganek Clinic		897	Koliganek	1993	Leased by I.H.S.
Levenlock		960	Levelock	1970	Leased by I.H.S.
FSW Office		100	Levelock		Leased by BBAHC
Manokotak Clinic		1109	Manokotak	1968	Leased by I.H.S.
FSW Office		100	Manokotak		Leased by BBAHC
Naknek Clinic		1100	Naknek	1994	Leased by I.H,S.
Camai Clinic		2647	Nakmek		Contract by BBAHAC
FSW Office		192	Naknek		Leased by BBAHC
Newhalen Clinic		756	Newhalen	1990	Leased by I.H.S.
FSW Office		105	Newhalen		Leased by BBAHC
CHR Office		112	Newhalen		Leased by BBAHC
New Stuyahok			New		,
Clinic		1100	Stoyahok	1995	Leased by I.H.S.
FSW Offices (2)		190	New Stoyahok		Leased by I H.S,
CHR Office		160	New Stoyahok		Leased by BBAHC
Nondalton Clinic		1216	Nondalton	1979	Leased by I.H.S.
FSW Office		144	Nondalton		Leased by BBAHC
CHR Office		168	Nondalton		Leased by BBAHC
Pedro Bay Clinic		800	Pedro Bay	1993	Leased by I.H.S.
Perryville Clinic		800	Perryville	1990	Leased by I.H.S.
FSW Office		320	Perryville		Leased by BBAHC
Pilot Point		1600	Pilot Point	1974	Leased by I.H.S.
FSW Office		100	Pilot Point		Leased by BBAHC
Field Coord. Office		1000	Pilot Point		Leased by BBAHC
Platinum Clinic		534	Platinum	1988	Leased by I.H.S.
Port Heiden Clinic		2100	Port Heiden	2000	Leased by I.H.S.
FSW Office		120	Port Heiden		Leased by BBAHC
CHR Office		120	Port Heiden		Leased by BBAHC
Field Coord. Office		144	Port Heiden		Leased by BBAHC
South Naknek		4400	South	400-	-
Clinic		1100	Naknek	1995	Leased by I.H.S.
FSE Office		56	South Naknek		Leased by BBAHC
Togiak Clinic		1760	Togiak	1996	Leased by I.H.S.
FSW Office		280	Togiak		Leased by BBAHC
FSW Field Coord.		192	Togiak		Leased by BBAHC
Field Coord Office & other clinic staff		1147	Togiak		Leased by I.H.S.
CHR Office		84	Togiak		Leased by BBAHC
Twin Hills Clinic		768	Twin Hills	1975	Leased by I.H.S.

## SERVICES AND STAFFING AT EXISTING LOCATIONS

HEALTH FACILITY	Bldg. No. (if designated	SERVICES PROVIDED	Number of FTE's Budgeted	Comments
KANAKANAK HOSPITAL- GENERAL ADMISSION	00301	Public Relations	1.0	
		Security	7.25	
	i i	Maintenance	15.50	
	Ī	Projects Mgmt.	1.0	
		Safety Mgmt.	1.0	
	Į.	Executive	12.0	
	i i	Personnel	5.0	
		Grant writer	1.0	
	ı	nformation Systems	12.0	
		Nide Area Network	2.0	
		Corporate Compliance	1.75	
		Jtilization Review/Analyst	1.0	
		Medical Staff	13.0	
	ı	Maternal & Child Health	1.6	
	1	Nursing Administration		
		nfection Control	1.05	
		Social Service Patient Accounts		
	I			
	I	mmunization	1.0	
	I	Health Education	2.3	
		co Prevention/ Cessation	2.0	
		Audiology	1.0	
		Diabetes	2.35	
	I	Housing	3.0	
		Home Health	1.33	
	I	Home Care/ Palliative Care	1.21	
Kanakanak Hospital- General Admission		Elevator and Arctic Entry Addition	0.0	
Kanakanak Hospital Clinical Services	00401	Central Supply	4.0	
		Housekeeping	9.46	
	<u> </u>	_aundry	2.34	
		npatient Nursing	15.55	16 bed Inpatient unit, includes specialty clinics
		Outpatient Nursing	14.08	
	<u> </u>	_aboratory	5.09	
		Pharmacy	5.0	
Kanakanak Hospital - Clinical Services		Radiology	4.12	
	+	Physical Therapy	1.0	
		Dietary	8.46	Includes cafeteria
		Health info Mgmt. Systems (medical records)		13.0

HEALTH FACILITY	Bldg. No. (if designated)	SERVICES PROVIDED	Number of FTE's Budgeted	Comments
	F	Patient Registration	4.0	
		Sterile Supply	1.2	
		Optometry	3.35	
		Dental	22.0	
Kanakanak Hospital - Clinical Services	00401 E	Emergency Room Nursing	4.75	5 bed ER, ambulance bay and morgue addition
	<u> </u>	Ambulance bay	0.0	
	N	Morgue	0.0	
Dental Annex		Dental		3 dental chairs, waiting area and 2 offices; staffing is listed in total dental staff under bldg 401
Jake's Place	00324 F	Alcohol/Drug addiction (ADA) Program-Admin	3.0	
		ADA-Outpatient	2.0	
	Δ	ADA-Youth Services	1.0	
	Δ	ADA-Residential Services	12.42	12 bed residential treatment program
Freddie's Place	P0324 A	ADA Social detox unit		4 bed social Detox addition to Jake's Place; staffing is included in ADA Residential Svcs.
Finance Building		Seneral accounting	11.5	
CHAP building	00303	CHAP Administration	7.00	Approx ½ of bldg is used for CHAP admin; the other ½ is 4 bed prematernal boarding quarters
EMS offices		Emergency Medical Training Center	4.0	
CHAP training	000T5 C	CHAP training center	0.0	Staffing is contained in several programs on episodic basis; building houses training room and 3 bedroom staff boarding quarters
Maintenance Garage	00402 N	Maintenance Garage	0.0	Staffing is contained in KNK Hospital Maintenance Dept.
Water Treatment Plant	00312 V	Vater Treatment Plant	0.0	Staffing is contained in KNK Hospital Maintenance Dept.
Storage	00311 L	Jnheated Storage	0.0	
Storage	00313 L	Jnheated Storage	0.0	
Warehouse		Jnheated Storage	0.0	
Environmental Health	00501 lı	njury Prevention	2.06	
	E	Environmental Health	4.19	
		Vater Lab	0.0	Staffing is contained in Environmental Health
"Our House" Respite Home	00302  F	Bed Mental Health Respite Home	4.07	
BBAHC Counseling Center	l N	Mental Health (MH)-Admin MH-Outpatient Services MH-Children Services	2.85 6.85 3.63	
Safety In Sobriety Through Recovery (SISTR) Program	fo	Substance abuse counseling or women and children in lomestic violence situations	3.0	

HEALTH FACILITY	Bldg. No. (if designated)	Services Provided	Number of FTE's Budgeted	Comments
Dillingham CHR Office	C	Community Health Representative (CHR)	1.0	
South Shore Aleknagik Clinic	C	Community Health Aide Program (CHAP)	1.0	
North Shore Aleknagik	C	CHAP	2.0	
Chignik Bay Clinic	С	HAP	2.75	
Chignik Lagoon Clinic	C	HAP	2.0	
Chignik Lake Clinic	С	HAP	2.0	
Chignik Lake FSW Office	F	amily Service Worker	1.0	Known in some regions as Behavioral Health Aide
Chignik Lake CHR Office	C	HR	1.0	
Chignik Lake Field Coordinator Office		HAP Supervision	1.0	
Clark's Point Clinic	С	HAP	2.0	
Clark's Point FSW Office		SW	0.5	
Egegik Clinic	_	HAP	2.0	
Ekwok Clinic		HAP	2.0	
Ekwok FSW Office	F	SW	0.75	
Ekwok Field Coordinator Office	C	HAP Supervision	1.0	
Goodnews Bay Clinic	C	CHAP	3.0	
Goodnews Bay FSW Officers	F	SW	2.0	
Igiugig Clinic	C	CHAP	2.0	
Iliamna Clinic	C	HAP	2.0	
Iliamna Field Coordinator Office	C	HAP Supervision	1.0	
King Salmon Clinic	C	CHAP	2.0	
Kokhanok Clinic	С	CHAP	2.0	
Kohkanok FSW Office	F	SW	1.0	
Koliganek Clinic	C	CHAP	2.0	
Levelock Clinic	C	CHAP	2.0	
Levelock FSW Office	F	SW		
Manokotak Clinic	C	CHAP		
Manokotak FSW Office	F	SW	.75	
Naknek Clinic		HAP	3.0	
Camai Clinic	R L	fledical Clinic Ladiology aboratory	7.8	
Naknek FSW Office	F	SW	1.0	
Newhalen Clinic		HAP	2.0	
Newhalen FSW Office	F	SW	1.0	
Newhalen CHR Office		HR	0.75	
New Stuyahok Clinic	C	HAP	5.0	

HEALTH FACILITY	Bldg. No. (if designated)	Services Provided	Number of FTE's Budgeted	Comments
New Stuyahok FSW Offices	F	SW	2.0	
New Stuayhok CHR Office	С	HR	0.75	
Nondalton Clinic	_	HAP	3.0	
Nondalton FSW Office	F	SW	0.75	
Nondalton CHR Office	С	HR	0.75	
Pedro Bay Clinic	С	HAP	2.0	
Perryville Clinic	С	HAP	2.0	
Perryville FSW Office	F	SW	0.75	
Pilot Point Clinic	С	HAP	2.0	
Pilot Point Field Coordinator Office	С	HAP Supervision	1.0	
Platinum Clinic	С	HAP	1.0	
Port Heiden Clinic	С	HAP	2.0	
Port Heiden FSW Office	F	SW	0.75	
Port Heiden CHR Office	С	HR	0.75	
Port Heiden Field Coordinator Office	С	HAP Supervision	1.0	
South Naknek Clinic	C	HAP	2.0	
South Naknek FSW Office	С	HAP Supervision	1.0	
Togiak Clinic	С	HAP	10.0	
Togiak FSW Offices	F	SW	1.0	
Togiak FSW Coordinator Office	F	SW Supervision	1.0	
Togiak CHR Office	С	HR	0.75	
Twin Hills Clinic	С	HAP	2.0	

#### PRIMARY SERVICES DELIVERY PLAN

The Bristol Bay Area Service Unit encompasses 46,714 square miles. The region consists of 34 Bristol Bay Area Health Corporation (BBAHC) member village tribes, of which 33 are Federally recognized tribes. The total population of the region in the 2000 census is 8,078 of which 5,551 are Alaska Native/American Indians. BBAHC has elected to provide all its services to non-Natives on a fee for service basis.

The Lake Iliamna villages (Iliamna, Newhalen, Nondalton, Pedro Bay and Kokhanok) receive itinerant medical and dental services through South Central Foundation (SCF). Each of these villages receives two medical visits and one dental visit per year at each of the Community Health Aide Program (CHAP) clinics. In addition, SCF staffs and operates a subregional clinic in Iliamna with full time midlevel practitioner coverage and laboratory and x-ray capabilities. Medical and dental clients in these Lake Iliamna villages are generally referred to Anchorage for specialty services or primary hospital services.

The CHAP clinics in the Lake Iliamna villages are staffed and operated by BBAHC. All other local and itinerant services to the Lake Iliamna villages such as optometry, audiology, counseling, diabetes, environmental health, injury prevention, health education, emergency medical training, tobacco cessation and infant learning program are provided by BBAHC.

All other locations throughout the Bristol Bay area known as the Kanakanak Service Area are served from BBAHC. In the Kanakanak service area BBAHC operates Kanakanak Hospital, Bristol Bay Counseling Center, "Our House" respite home, "Jake's Place" alcohol and drug rehabilitation program in Dillingham, 24 CHAP clinics (in addition to the five clinics operated in the Lake Iliamna area) and village based counseling and health promotion workers. Two of the 24 CHAP clinics (Chignik Bay and Togiak) are subregional clinics and have part time midlevel practitioner coverage as well as full time CHAP coverage available.

In the Kanakanak Service Area a client generally would enter the medical system through the CHAP clinic or Kanakanak Emergency Department or Kanakanak Outpatient Department. Kanakanak Hospital has full time medical coverage through nine full time Family Practitioner Physicians and one Pediatric Physician. CHAP clinics are staffed full time by Community Health Aides or Practitioners. Physicians make at least four medical visits per year to each Kanakanak Service Unit village. If a client enters the medical system through a CHAP clinic and needs more advanced or complicated care than is available at the clinic, the client is referred in consultation with a Kanakanak Physician, to Kanakanak Hospital. If a client needs more advanced or complicated care than is available at Kanakanak Hospital, the client is generally referred to Anchorage providers after consultation between Kanakanak and Anchorage based Physicians.

In general, Alaska Native/American Indians (AN/AI) medical patients referred from Kanakanak to Anchorage are referred to Alaska Native Medical Center providers. If an AN/AI wishes to be referred to a private provider, the Kanakanak Physicians will refer directly to an appropriate private provider in Anchorage or through the Emergency Department at Providence Hospital or Alaska Regional Hospital. AN/AI clients are told they are responsible for any fees when going directly to private providers. If an AN/AI client goes to ANMC and then is referred to private providers by ANMC Physicians, then ANMC would provide contract health finding and is generally used for client travel costs. ANMC holds the funding for contract health services for Bristol Bay region clients.

Non-Native patients referred from Kanakanak to Anchorage are referred directly to an appropriate private provider or through the Emergency Department at Providence Hospital or Alaska Regional Hospital.

Dental clients enter the dental system through village visits or through the Kanakanak Dental Clinic, Kanakanak Dental Clinic is located in Kanakanak Hospital and has full time dentist coverage through 5 five full time general practice dentists, one part time orthodontist dental hygienist. Dentists travel at least one trip per year to each Kanakanak area village. Larger villages receive more frequent and/or longer visits.

Specialty dental needs are referred to Anchorage. In general, AN/AI clients in need of specialty dental services are referred to ANMC dentists and non-Native clients are referred to private providers in Anchorage. AN/AI clients that wish to be referred to private providers are accommodated but are told they are responsible for any fees when going directly to private providers.

Some Kanakanak services are available only at Kanakanak or Dillingham such as emergency department, inpatient, nursing, specialty clinics, orthodontics, residential alcohol and drug rehabilitation and mental health respite home. All other services such as optometry, audiology, outpatient mental health counseling, outpatient alcohol and drug counseling, diabetes, immunizations, environmental health, injury prevention, emergency medical training, tobacco cessation, health education, WIC and infant learning program are available at Kanakanak Hospital or itinerant visits to villages.

Additional services, under consideration at BBAHC, include Computerized Tomography (CT), occupational therapy, internal medicine specialty (with emphasis on geriatrics) outpatient surgery (including anesthesia) nursing home and expanded chemotherapy services. No specific proposals are completely developed at this point.

### **VISITING PROFESSIONALS**

HEALTH FACILITY	SCHEDULE OF PART TIME CLINICS	SCHEDULE OF VISITING PROFESSIONALS	COMMENTS
Kanakanak Hospital	ENT	7 clinics per year at 4 days each	Provided by ANMC
Kanakanak Hospital	Orthopedics	3 clinics per year at 3 days each	Provided by ANMC
Kanakanak Hospital	OB-GYN	4 clinics per year at 2 days each	Provided by ANMC
Kanakanak Hospital	Urology	2 clinics per year, one at 2 days, one at 3 days	Provided by ANMC
Kanakanak Hospital	Rheumatology	2 clinics per year at 3 days each	Provided by ANMC
Kanakanak Hospital	Diabetes	1 clinic per year at 5 days. Include physician, dietician and foot specia	Provided by ANMC
Kanakanak Hospital	Surgery	2 clinics per year at 3 days each	Provided by ANMC
Kanakanak Hospital	Cardiology 3 days each	2 clinics per year at	Provided by ANMC
Kanakanak Hospital	Neurology	2 clinics per year at 2 days each	Provided by ANMC
Kanakanak Hospital	Liver	1 clinic per year at 2 days each	Provided by ANMC
Kanakanak Hospital	Pediatric	1 clinic per year at 3 days	Provided by ANMC

Kanakanak Hospital	Ophthalmology	2 clinics per year at 3 days each	Provided by ANMC
HEALTH FACILITY	SCHEDULE OF PART TIME CLINICS	SCHEDULE OF VISITING PROFESSIONALS	COMMENTS
Kanakanak Hospital	Radiology	9 clinics per year at 1 day each	Provided by ANMC
Kanakanak Hospital	Orthodontist	9 clinics per year, 8 at 7 days each, 1 at 14 days	Part-time Orthodontist employed by BBAHC
Kanakanak Hospital	Pediadontist Dentist contracted	1 clinic per year at 14 days	Private pediatric by BBAHC
Bristol Bay Counseling	Psychiatrist	5 clinics per year at Center, 2 days each, and 1 clinic per year at one day, from psychiatrist. One clinic per year at 2 days, from psychiatric nurse practitioner.	Provided by SCF
New Stuyahok Health Center	Psychiatrist	1 clinic per year at one day	Provided by SCF
Togiak Clinic	Pediadontist 7 days each	2 clinic per year at Dentist contracted	Private pediadontist by BBAHC

# STATEWIDE REFERRAL DELIVERY PLAN

CHAP clinics (Kanakanak Service Area)	Kanakanak Hospital	Generally ANMC for AN/AI clients. Anchorage private Providers for non-Native clients.	If service not available at ANMC for AN/AI clients, referred through ANMC contract health.
CHAP clinics (Lake Iliamna service area)	ANMC/SCF	Generally ANMC for AN/AI clients. Anchorage private Providers for non- Native clients.	If service not available at ANMC for AN/AI clients, referred through ANMC contract health.
Kanakanak Hospital	Kanakanak Hospital	Generally ANMC for AN/AI clients. Anchorage private Providers for non- Native clients.	If service not available at ANMC for AN/AI clients, referred through ANMC contract health.
BBAHC Counseling	Kanakanak Hospital	Alaska Psychiatric	

# CONTRACT HEALTH SERVICES RECOMMENDATIONS None noted.

# ALEUTIAN ISLANDS AND KODIAK ISLAND

- → ALEUTIAN / PRIBILOF ISLAND ASSOCIATION
- → St. George Traditional Council
- **→ EASTERN ALEUTIAN TRIBES**
- → KODIAK AREA NATIVE ASSOCIATION
- → NATIVE VILLAGE OF KARLUK



- 6 Aleutian/Pribilof Island AssociationSt. George Traditional Council
- 7 Easter Aleutian
- 8 Kodiak Area Native Association
- 9 Native Village of Karluk

### **POPULATION DESCRIPTION**

- Aleutian / Pribilof Islands Association
- Eastern Aleutian Tribes
- Kodiak

The Native people of this area are primarily Aleuts. They comprise roughly 17% of the population in the Kodiak area to 40% in the eastern Aleutians. This region is heavily dependent on the fishing industry that has been in decline in recent years. The current unemployment rate is low but that may be due to residents leaving the area when work is not available. The Aleutians have the highest migration rates in the state: 60% of the population moved within the last five years. The census figures for this region are about 15% higher than the user population data, both current and projected.

2000 Census Count	4726
2002 User Population	4125
2015 Census Population Projection	5459
2015 User Population Projection	4637

Because of declining birth rates, the number of children in the region will decline slightly over the next decade, while the number of elderly will increase. There is likely to be some out migration from this region but that will depend upon the health of the fishing industry.

#### **Regional Age and Sex Distribution**

Males									
0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total			
481	414	258	1053	167	139	2511			
414	389	287	1168	320	281	2858			
86%	94%	112%	111%	192%	202%	114%			
		Fen	nales						
0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total			
425	328	257	907	152	154	2223			
376	329	269	1057	286	285	2601			
80%	100%	10/1%	116%	100%	185%	117%			
	481 414 86% <b>0 - 9</b> 425 376	481 414 414 389 86% 94% 0 - 9 10 - 17 425 328 376 329	0 - 9         10 - 17         18 - 24           481         414         258           414         389         287           86%         94%         112%           Fen           0 - 9         10 - 17         18 - 24           425         328         257	481       414       258       1053         414       389       287       1168         86%       94%       112%       111%         Females         0 - 9       10 - 17       18 - 24       25 - 54         425       328       257       907         376       329       269       1057	0 - 9         10 - 17         18 - 24         25 - 54         55 - 64           481         414         258         1053         167           414         389         287         1168         320           86%         94%         112%         111%         192%           Females           0 - 9         10 - 17         18 - 24         25 - 54         55 - 64           425         328         257         907         152           376         329         269         1057         286	0 - 9         10 - 17         18 - 24         25 - 54         55 - 64         65 +           481         414         258         1053         167         139           414         389         287         1168         320         281           86%         94%         112%         111%         192%         202%           Females           0 - 9         10 - 17         18 - 24         25 - 54         55 - 64         65 +           425         328         257         907         152         154           376         329         269         1057         286         285			

# A/PIA ALEUTIAN / PRIBILOF ISLANDS ASSOCIATION

## **LOCATION/GEOGRAPHY**

The Aleutian and Pribilof Islands to the southwest of Anchorage are a semi-volcanic, treeless archipelago of about 22 large islands and hundreds of smaller ones accessible only by airplane and boat. The islands extend 1,500 miles in the southwest direction toward Russia, with the stormy Bering Sea to the north and the Pacific Ocean to the south. Year round climate in the islands averages about 35 to 60 degrees F. The islands are called the "birthplace of the winds".

#### **ORGANIZATIONAL DESCRIPTION**

The Aleutian/Pribilof Islands Association (A/PIA, Inc.) is a non-profit Tribal consortium with resolution authority to provide a wide range of services on behalf of the thirteen Tribes residing within the Aleutians East & West catchment areas. As part of separate agreements, A/PIA has Tribal authority to provide full health services to five Tribes, and provides a mores limited scope of health services within all of the thirteen Tribal communities. BIA and other non-health programs are provided to the entire region.

The Aleutian/Pribilof Tribal communities are the most remote within the State of Alaska Distances of over 1000 miles must be crossed in order to access the next level of services at our hub communities of Anchorage, Alaska.

Due to the extreme remoteness and inaccessibility to nearby centers, A/PIA is committed to bring its facilities and staffing to minimally safe and self sufficient operating standards, utilizing the "best practices' model.

Aleutian/Pribilof Islands Association
Community and Health Facility Data Summary

	Community and meanin rac		utu O		ω. <i>y</i>							
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
St. George Island	St. George Traditional Council		140		438	HC			ANI	ИС		
St. Paul Island	Aleut Community of St. Paul	426	460	415	1472	НС			ANI	ИС		
Unalaska Service Area												
Atka	Native Village of Atka	69	84	84	313	VC			ANI	ИС		
Belkofski	Native Village of Belkofski	14	0	0	0				ANI	ИС		
Dutch Harbor		37	0	31	111				ANI	ИС		
Nikolski	Native Village of Nikolski	28	27	22	88	VC			ANI	ИС		
Shemya		1	0	1	2				ANI	ИС		
Umnak		2	0	0	0				ANI	ИС		
Unalaska	Qawalingin Tribe of Unalaska	225	397	187	682	SRC			ANI	ИС		
Unspecified		0	6	0	0				ANI	ИС		
Total		909	1114	863	3106							

HC: Health Center

SRC: Subregional Clinic/Midlevel Clinic

VC: Village Clinic

ANMC: Alaska Native Medical Center

### **HEALTH SERVICES PRIORITIES**

Goal: To elevate the health status of the Aleuts to the highest possible level

- Holistic Health practices (overall health care; physical, behavioral, social)
- Diabetes Prevention
- Elder Care
- Injury Prevention and EMS
- Smoking Cessation
- More consistent field specialty clinics (i.e., dental, optometry, orthopedics, etc.).

Goal: St. Paul Health Center (SPHC) specific Health Plan, in addition to the elevation of the health status of Aleuts as listed above, SPHC has the following other Health Plan goals it is working on as listed below:

- FAS/FAE Education and Prevention
- Hypertension Disease and Prevention
- Dental Disease and Prevention

#### ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

- Unalaska needs its own clinic.
- Adequate space is needed currently, more specialty clinics
- Elder care so they can stay home when there is nothing more they can do for them in Anchorage.

#### **EXISTING LOCATIONS:**

St. Paul Health Center, St. Paul, Alaska Atka Clinic, Atka, Alaska Nikolski Clinic, Nikolski, Alaska Oonalaska Wellness Center, Unalaska, Alaska

#### **HEALTH SERVICES PROVIDED AT EACH LOCATION**

	St. Paul Health Center	Atka Clinic	Nikolski Clinic	Oonalaska Wellness Center
СНА	~	~	~	~
Primary Care	<b>✓</b>	By CHA/P +Field visits by A/PIA ANP	By CHA/P +Field visits by A/PIA ANP	~
Pharmacy Outpatient	~			<b>✓</b>
Lab	~			<b>✓</b>
Radiology	~			
Dental field visits by SCF	~	<b>✓</b>		<b>✓</b>
Behavioral Health	~	Field visits by A/PIA	Field visits by A/PIA	<b>✓</b>
TeleMed	~	<b>✓</b>	<b>✓</b>	<b>✓</b>
Elder Programs (food boxes)	~	<b>✓</b>	<b>✓</b>	<b>✓</b>
EMS (Training to local volunteers by A/PIA)	~	<b>✓</b>	<b>✓</b>	V
PHN (by State of AK PHNs)	<b>/</b>	·		V

#### PRIMARY SERVICE DELIVERY PLAN

#### St. Paul Health Center

SPHC utilizes two (2) PA-C's and four (4) Community Health Aides and is open Monday thru Friday 9:am to 4:30 p.m. Referrals for specialty services are made for its IHS and non-IHS beneficiaries. Follow up care for referrals are also provided on site through collaboration with the SCF referral physician. Meds are ordered through ANMC pharmacy. OWC has RPMS and Telemedicine capabilities.

The St. Paul Health Center provides primary care for the entire community of St. Paul including the non-beneficiaries. Under the public law 98-129 the clinic is legally required to provide services to the non-beneficiaries. There are currently 17.5 authorized positions to staff the clinic.

#### • Emergency and Urgent Care

The Emergency and Urgent Care Unit will provide care 24 hours a day to any patient who has an injury, illness, or symptom requiring prompt medical attention. During normal Ambulatory Care Unit hours, the Emergency and Urgent Care Unit is used to treat life or limb-threatening conditions only. During hours when the Ambulatory Care Unit is closed, the Emergency and Urgent Care Unit receives all outpatients. These are triaged to assure that emergency patients are evaluated and treated quickly. Health Center staff is available on an on-call basis after regular hours. Patients may sometimes be held overnight or longer when weather conditions do not permit evacuation by air.

#### • Ambulatory Care

The ambulatory care clinics are the primary contact for patients REQUIRING medical attention. Patients are seen on both a walk-in and appointment basis during regular clinic hours throughout the week. Walk-in patients sing in at Registration, prior to proceeding to the Ambulatory Care waiting area. Patients with appointments proceed directly to the clinic.

#### Laboratory

The laboratory is used to perform the CLIA waived tests. All other tests are sent out for processing to either the Alaska Native Medical Center laboratory or other contract facilities. Blood drawing is performed in the exam rooms.

## • Diagnostic Imaging

Basic radiographic studies are prepared by the mid level practitioners and community health aids for diagnostic purposes. It is anticipated that digital imaging will be available. Telemedicine capability is available.

#### Pharmacy

The pharmacy is utilized to store a standard formulary and pre-packaged medications prepared at the Alaska Native Medical Center. Primary Care Providers prescribe medications for their patients and distribute those medications if they are available at the St. Paul pharmacy. Medications not locally available are requested from ANMC. SPHC also utilizes Tele-pharmacy.

#### Dental Clinic

Dental services are provided by an itinerant dental team, which flies out to the Island two (2) times a year for two (2) weeks. The dental clinic operates on an appointment system during scheduled clinic hours (usually 8 a.m. to 8 p.m.) and on-call as required.

#### Community Health Services

The Community Health Services includes public health nursing, mental health, social services, community wellness advocate, and alcohol and substance abuse. Professional activities include screening, training or advising clients and patients. Itinerant providers from Anchorage provide additional services at this facility on a regular basis. Referral services.

#### Health Records/Medical Billing

The Medical Records Unit is responsible for assembling, collecting, completing, analyzing, ensuring availability, and safekeeping of patient records in order to facilitate, evaluate and improve patient care. The record storage area is used to store all records. The patient's medical record is retrieved from the record storage area for each encounter. If the patient does not have a medical record, then one is initiated.

Medical billing initiation is done on-site for both behavioral health and medical services. Medical billing follow up is done in the Anchorage regional office.

Clients are referred to the Pribilof Counseling Center (PCC) for mental health or substance abuse counseling if indicated; other referrals are made to WIC, DKC, assistance programs, etc.

## **Oonalaska Wellness Center (OWC)**

One (1) CHA IV and one (1) Advanced Nurse Practitioner (ANP) and one (1) Family Nurse Practitioner (FNP). The ANP and FNP can prescribe medications on the local level. Blood draws are done and are shipped to ANMC; occasionally, patients are referred to the Iliuliuk Family and Health Services for X-rays or other contract health care services outside the OWC scope of work. Referrals are made to ANMC for medical procedures, mammograms, and follow-up. Meds are ordered through ANMC pharmacy. OWC has RPMS and Telemedicine capabilities.

Clients are referred to the Aleutian Counseling Center (ACC) for mental health or substance abuse counseling if indicated; other referrals are made to WIC, DKC, assistance programs, etc.

#### Nikolski

There is one (1) Community Health Practitioner providing services. These are basic medical services although at times there are serious medivacs that occur. This is also taken care of by the CHP until they are medivacked to Unalaska/Dutch Harbor and then on to ANMC in Anchorage.

#### **Atka**

There is one (1) Community Health Practitioner at this time and one (1) Community Health Aide in training. Basic medical care is provided there as well. Serious medivacs also occur there on a frequent basis. When a medical emergency arises the patient is medivacked to Unalaska/Dutch Harbor and then on to ANMC in Anchorage.

#### **VISITING PROFESSIONAL SUMMARY (FY2003)**

EACH CLINIC	PROFESSIONAL CATEGORY	Number of visits by month
St. Paul Health Center	Family Practice Diabetes Team Optometry Dental Women's Health	Count not available – will need to verify with specialty clinic providers.
Atka	Family Practice Optometry	Same as above.
Nikolski	Family Practice	Same as above.
Unalaska	Family Practice Dental Optometry every 2 years Women's Health Diabetes Team	Same as above.

#### STATE WIDE REFERRAL DELIVERY PLAN

Each Clinic	Secondary Referral Location	Specialty Referral Location	Tertiary Referral Location
St Paul Health Center	ANMC/SCF	ANMC/SCF	ANMC/SCF
Atka	Unalaska	ANMC/SCF	ANMC/SCF
Nikolski	Unalaska	ANMC/SCF	ANMC/SCF
Unalaska	Iliuliuk Family & Hlth Svcs or ANMC/SCF	ANMC/SCF	ANMC/SCF

## **CONTRACT HEALTH SERVICE RECOMMENDATIONS**

- Medical care availability when traveling out of state Patient awareness should be increased when contract health care is needed (i.e., contract health 72 hour notification to ANTHC Contract Health Department).
- Unalaska needs its own clinic.
- Adequate space is needed currently, more specialty clinics
- Elder care so they can stay home when there is nothing more they can do for them in Anchorage.

#### St. George Traditional Council

#### **LOCATION/ GEOGRAPHY**

St. George is on an island in the Bering Sea.

## **POPULATION**

(Note: Included in Community and Health Facility Data Summary)

Organizational Description

Tribally owned and operated; PI-93-638

#### **HEALTH SERVICES PRIORITIES**

• Primary care and prevention

### **Community Data**

(Note: Included with A/PIA)

#### ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

None noted

### **LOCATION & SERVICES OF EXISTING FACILITIES**

#### **EXISTING LOCATIONS**

• St. George Health Center

#### **HEALTH SERVICES PROVIDED**

St. George Health Center:

СНА	,	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Tele Med	Elder Programs	EMS	PHN
✓	✓	<b>✓</b>	✓	✓	✓		✓		<b>✓</b>	

### PRIMARY SERVICE DELIVERY PLAN

Primary clinic with routine and emergent care, including obstetrics, pediatrics and geriatrics to primarily Native community. The non-Native are seen on an acute basis only.

## **VISITING PROFESSIONAL SUMMARY**

CATEGORY	VISITS PER MONTH
Clinic, RN	June -4
Public Health Nurse	May - 1
Family Practice	June - 13

# STATE WIDE REFERRAL DELIVERY PLAN

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
Anchorage	Specialties	

# CONTRACT HEALTH SERVICES RECOMMENDATIONS None noted.

# **EAT**EASTERN ALEUTIAN TRIBES, INC.

## **LOCATION/ GEOGRAPHY**

The Eastern Aleutian communities are located in a 8,029 square mile area in the Bering Sea and the Pacific Ocean with a land base of 6,985 square miles. The communities in this service area are geographically isolated from each other and from Anchorage.

## **POPULATION**

Refer to pg. 127

## **ORGANIZATIONAL DESCRIPTION**

Eastern Aleutian Tribes is a non-profit organization formed in June 1991.

Eastern Aleutian Tribes
Community and Health Facility Data Summary

	Community and Health Facili	ty D	ata	Sun	nma	ry						
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Adak		21	118		126				ANI	МС		
Akutan	Native Village of Akutan	72	117	65	228	VC			ANI	ИС		
Cold Bay		11	15	10	30	VC			ANI	МC		
False Pass	Native Village of False Pass	47	42	50	191	VC			ANI	МC		
King Cove	Agdaagux Tribe of King Cove	345	379	409	1404	VC			ANI	МC		
Nelson Lagoon	Native Village of Nelson Lagoon	47	68	77	263	VC			ANI	ИC		
Pauloff Harbor	Pauloff Harbor Village	2	0	0	0				ANI	МC		
Sanak		5	_	0	0				ANI	МC		
Sand Point	Qagun Toyagungin Tribe	366	421	378	1300	VC			ANI			
Unspecified	Unga Tribe	0	0	0	0			4	ANI	MC		
Totals		916	1160	1025	3542							

VC: Village Clinic

ANMC: Alaska Native Medical Center

## **HEALTH SERVICES PRIORITIES**

Mission: To develop and provide a full range of adequate medical and clinical services to the people of the Aleutian/Pribilof region.

## **LOCATIONS AND SERVICES OF EXISTING FACILITIES**

## **EXISTING LOCATIONS:**

Adak Akutan

Belkofski INHABITANTS RELOCATED TO KING COVE

Cold Bay False Pass King Cove

Nelson Lagoon

Pauloff Harbor INHABITANTS RELOCATED TO SANDPOINT

Sand Point

# **HEALTH SERVICES PROVIDED AT EACH LOCATION**

Each Clinic	СНА	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Tele Med	Elder Programs	EMS	PHN
Adak		✓	<b>✓</b>	✓	<b>√</b>		✓	<b>√</b>			
Akutan	✓	✓	✓	✓	<b>✓</b>	✓	✓	<b>✓</b>	✓	✓	✓
Cold Bay		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
False Pass	✓		✓	✓		✓	✓	✓	✓	✓	✓
Nelson Lagoon	<b>√</b>		<b>√</b>	✓	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>✓</b>	<b>✓</b>
Sand Point	✓	✓	✓	✓	<b>√</b>	✓	✓	<b>√</b>	<b>√</b>	✓	✓
King Cove	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Urgent Care	CHR	Community Health	Billing	Health Records						
King Cove	<b>√</b>	✓	<b>√</b>	✓ ·	<b>√</b>						

## PRIMARY SERVICE DELIVERY PLAN

Each clinic provides routine, chronic and urgent care to all inhabitants (both Native and Non-Native) as needed. Fees for service are based on Federal Income Guidelines (sliding scale) as necessary for both insured and uninsured.

# VISITING PROFESSIONAL SUMMARY

Each Clinic	Professional Category	Number of visits by month
Adak	Optometrist	May=2
	Family Practice	March = 8
Akutan		
Belokofski		
Cold Bay		
False Pass		
King Cove	Nurse Midwife	Nov = 2
	Family Practice	Oct = 18, Nov=13, May = 27, June=7
	Dental	
Nelson Lagoon		
Pauloff Harbor		
Sand Point	Nurse Midwife	June = 3
	Family Practice	Oct = 53, May = 47

# STATEWIDE REFERRAL DELIVERY PLAN

Each Clinic	Secondary Referral Location (for all clinics)	Specialty Referral Location	Tertiary Referral Location
Adak	ANMC for Natives,	ANMC, whatever is	
Akutan	Anchorage Neighborhood	needed in that field, to Anchorage	
Belkofski	Health, Alaska Regional and Providence ER	i i i i i i i i i i i i i i i i i i i	
Cold Bay			
False Pass			
King Cove		ANMC	
Nelson Lagoon		ANMC, whatever is	
Pauloff Harbor		needed in that field, to Anchorage	
Sand Point			

# CONTRACT HEALTH SERVICES RECOMMENDATIONS

None noted.

# KANA KODIAK AREA NATIVE ASSOCIATION

# **LOCATION/ GEOGRAPHY**

Kodiak Island, "the emerald isle," is the largest island in Alaska. Kodiak National Wildlife Refuge encompasses nearly 1.9 million acres on Kodiak and Afognak Islands. It is 252 air miles south of Anchorage, 45-minute flight. The climate of the Kodiak Islands has a strong marine influence. There is little or not freezing weather, moderate precipitation, occasional high winds, and frequent cloud cover and fog.

# **ORGANIZATIONAL DESCRIPTION**

In November 1966, KANA became a nonprofit organization addressing health, economic development, education and social services to Kodiak and six outlying villages. KANA has been providing community health services to the Alaska Native communities on Kodiak Island since 1973.

Kodiak Area Native Association
Community and Health Facility Data Summary

Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Afognak	Village of Afognak	1	0	1	4		PKIMC		A	NMO		
Akhiok	Native Village of Akhiok	65	75	78	239	VC	PKIMC		Δ	NMO		
Aleneva		0	1	0	0		PKIMC		Α	NMO		
Chiniak		4	11	5	16		PKIMC		Α	NMO		
Kaguyak	Kaguyak Village	1	0	0	0		PKIMC		Α	NMO	)	
Karluk	Native Village of Karluk	37	26	38	123		PKIMC		Α	NMO		
Kodiak		1641	1528	1922	6626	SRC	PKIMC		Α	NMO		
Kodiak Naval St		8	54	7	20		PKIMC		Α	NMO		
Larsen Bay	Native Village of Larsen Bay	82	91	107	386	VC	PKIMC		Α	NMO		
Old Harbor	Village of Old Harbor	193	203	240	804	VC	PKIMC		Δ	NMO		
Ouzinkie	Native Village of Ouzinkie	145	197	178	659	VC	PKIMC		Δ	NMO		
Port Lions	Native Village of Port Lions	143	163	173	624	VC	PKIMC		Δ	NMO		
Womens Bay		0	82	0	0		PKIMC		A	NMO		
Unspecified	Lesnoi Village	0	21	0	0		PKIMC		Δ	NMO		
Total		2320	2452	2749	9501							

SRC: Subregional Clinic/Midlevel Clinic

VC: Village Clinic

ANMC: Alaska Native Medical Center

PKIMC: Providence Kodiak Island Medical Center

### **HEALTH SERVICES PRIORITIES**

- · Access to basic primary health care (out-patient) in Kodiak and outlying villages
- Stability in village clinics' staffing by Community Health Aides/Practitioners
- Provisions for primary dental care with some advanced services in Kodiak, and for children's dental services in the villages
- Integrated Behavioral Health and Chemical Dependency treatment (out-patient), options include individual and group settings in Kodiak and in outlying villages

### ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

Several of our villages are currently working with the Denali Commission for potential funding of new clinic facilities. Our Behavioral Health department is rapidly out-growing its space at our main facility in Kodiak, and other various functions are housed in two additional leased office facilities in the city.

## **LOCATIONS AND SERVICES OF EXISTING FACILITIES**

#### **EXISTING CLINIC LOCATIONS**

Akhiok
Allutiiq
Larsen Bay
Old Harbor
Ouzinkie
Port Lions

## **SERVICES PROVIDED AT EACH LOCATION**

Each Clinic	СНА	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Tele Med	Elder Programs	EMS	CHR (BH)
Akhiok	✓								✓	✓	✓
Allutiiq	✓	✓	✓			✓	✓	✓	✓	✓	✓
Larsen											
Bay	$\checkmark$								✓	$\checkmark$	✓
Old Harbor	✓							✓	✓	✓	✓
Ouzinkie	✓							✓	<b>✓</b>	✓	✓
Port Lions	✓							✓	✓	✓	✓

Karluk – KANA maintains limited oversight to CHA, CHR and clinic operations in this village.

### PRIMARY SERVICE DELIVERY PLAN

Village clinics staffed by CHA/P's are open 4 to 6 hours per day, Monday through Friday, with Health Aides sharing CALL on weekends and after hours. The KANA clinic is open 9 till 5, Monday through Friday, with physicians available on CALL on weekends and after office hours. As such, CHA's can directly access the physician on-CALL to relay village patient encounters to physicians at the KANA clinic daily. The KANA clinic is configured for four physicians and one mid-level, however, that level of staffing is one that we have not been able to achieve in more than a year. The negative impact of the shortage in number of providers is felt by all throughout the system of medical services provided through KANA and its village clinics.

A Physician visits each village on an every-other-month basis. The duration of the physician's stay is based on patient scheduling. Larger villages typically have longer stays, while some small villages require just a day-trip by the physician.

At the KANA clinic, dental staff is available to provide primary dental care from 8:30 till to 5, Monday through Friday. Limited advanced services available at the KANA clinic include orthodontics and a semi-annual denture clinic. During the school months, dental teams travel to each of the villages four times per year, two to provide hygiene services and two for dental treatment. The focus of these visiting clinics is to provide preventive care to children in the village of ages 0-18. Dental practitioners are currently working with the CHAP program in training CHA/P's to provide some basic dental care and treatment at the villages clinics.

Behavioral Health staff comprised of one full-time and two part-time entities includes two Master's level clinicians, a Master's in Social Work, and a Ph.D. therapist/director dedicated to treatment of chemical dependency. Villages have a resident Community Health Representative who, following completion of the Rural Human Services program at UAF, can advance for training as a certified chemical dependency technician. Mental Health clinicians visit each village quarterly, and larger villages are visited more frequently depending on need and/or on current weather.

# VISITING PROFESSIONAL SUMMARY

NOTE: KANA is unable to verify the Public Health Nurse information at this time. MD information is provided based on physician travel schedules for FY01 representing the number of days per month spent in the village. The information does not reflect the quantity of patient appointments conducted during the physician's visit. The village of Karluk is included as it is part of our regular village travel program.

CLINIC	PROFESSIONAL						FY2	001					
CLINIC	CATEGORY	JL	Αυ	SE	ОС	No	DE	JA	FE	MR	AP	MY	JN
Акнюк	MD	2.5				2.5		2.5	2.5			3.5	
	Public Health Nurse				2	1	1			2			
LARSEN BAY	MD		3.5			3.5		3		3.5			
	Public Health Nurse					5	2						
	Dietician									1			
OLD HARBOR	MD		3.5		3.5		3.5		3.5		3.5		3.5
	Public Health Nurse				3	8	2			1			
OUZINKIE	MD			4.5	3.5		3.5		3.5		2.5		3.5
	Public Health Nurse				8	3	4						
PORT LIONS	MD	3.5				3.5			3.5	3.5		3.5	
	Public Health Nurse				1								
KARLUK	MD		2.5				2.5		2.5		2.5		2.5

Alutiiq Enwia Health Center - See attached table

#### STATEWIDE REFERRAL DELIVERY PLAN

CLINIC		SECONDARY REFER. LOCATION	SPECIALTY REFER. LOCATION	TERTIARY REFER. LOCATION
Akhiok	<b>→</b>	KANA	KANA or ANMC	ANMC
Alutiiq (KANA)	<b>→</b>	ANMC	KANA or ANMC	ANMC
Larsen Bay	$\rightarrow$	KANA	KANA or ANMC	ANMC
Old Harbor	$\rightarrow$	KANA	KANA or ANMC	ANMC
Ouzinkie	$\rightarrow$	KANA	KANA or ANMC	ANMC
Port Loins	$\rightarrow$	KANA	KANA or ANMC	ANMC

Note: Non-verified numbers (at this time; to follow-up soon)

# **ALUTIIQ ENWIA HEALTH CENTER (KANA)**

Professional Carroony						FY2	001					
PROFESSIONAL CATEGORY	JL	Αυ	SE	Oc	No	DE	JA	FE	MR	AP	MY	JN
AUDIOLOGIST			14			5	4	1			6	
CARDIOLOGIST	6	5	4	3	26	7	3	6	3	2	37	5
CLINIC RN						1	8	16	1		7	1
CONTRACT PHYSICIAN			13	9	7	6	3		3		1	
DENTIST			4	19	23	24	5	2	1			
FAMILY PRACTICE	449	580	331	406	330	310	292	267	462	517	404	408
HEALTH EDUCATOR							1					
INTERNAL MEDICINE	236	95	302	9	44	15	100	142	160	130	136	152
LABORATORY TECHNICIAN								15			1	
LPN		1					3	6				
MD	237	288	266	393	467	459	509	233	371	222	451	305
NURSE ASSISTANT							1					
NURSE PRACTITIONER	2			5	2	4	6	4	1		1	4
OB/GYN							1					
OPHTHALMOLOGIST	3	1	1	1	1	48		1		1	36	2
OPTOMETRIST				1		1						
ORTHOPEDIST						2						
OSTEOPATHIC MEDICINE	11	10	7	11	6	6	15	10	10	8	16	7
OTOLARYNGOLIST					1			8		1		
PEDIATRICIAN			26	11	1	1	34	4		1	47	1
PHARMACIST	26	23	23	7	3	3	120	151	105	139	145	36
PHYSICIAN ASSISTANT	92	121	66	72	111	98	128	80	116	138	133	167
PSYCHIATRIST	2	1	7	7	3	4	1	4	3	4	3	3
PUBLIC HEALTH NURSE					1							
Surgeon				4	1	29	2			1		
TRIBAL PHYSICIAN		1										
UROLOGIST				1								

# **CONTRACT HEALTH SERVICE RECOMMENDATIONS**

Patient travel – currently Quyanna Travel arranges our patient travel to ANMC. This system could be improved by patient travel arrangements being made at least 1 week prior to travel dates. This would allow patients to make arrangements to be off work and for childcare purposes with some advanced notice. Elderly patients get very stresses our, waiting for information that doesn't come until the last minute. Responses to phone calls are not prompt. These may be signs of understaffing at Quyanna Travel office.

#### NATIVE VILLAGE OF KARLUK

#### **LOCATION/ GEOGRAPHY**

On Larson Bay, on the northwest coast of Kodiak Island, 60 miles southwest of the city of Kodiak, 283 miles southwest of Anchorage.

#### **ORGANIZATIONAL DESCRIPTION**

# **COMMUNITY DATA**

(Note: Included with KANA)

### **HEALTH SERVICES PRIORITIES**

#### **LOCATION AND SERVICES OF EXISTING LOCATIONS**

## **EXISTING LOCATION**

Karluk Health Clinic, Karluk, Alaska

## **HEALTH SERVICES PROVIDED**

KARLUK HEATH CLINIC

	СНА	Primary Care	Pharmacy Out Pt.	Radiology	Dental	Behavioral Health	TeleMed	Elder Programs	EMS	CHR
Ī	✓						✓			✓

## PRIMARY SERVICE DELIVERY PLAN

Basic medical services such as assessments, emergency care, immunizations, education are provided by Community Health Aides. Limited oversight to the CHA, CHR and clinic operations is provided by KANA.

## **VISITING PROFESSIONAL SUMMARY**

		FY2001										
SPECIALTY	JL	Αυ	SE	Oc	No	DE	JA	FE	MR	AP	MY	JN
Medical Doctor	8	19	3			8	1					8
Family Practice	3	1	1		1	5						
Internal Medicine			2		1	1						

# STATEWIDE REFERRAL DELIVERY PLAN

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location

#### **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

None noted.

# SOUTHCENTRAL ALASKA

# Alaska Native Medical Center ANTHC Tertiary & Specialty Medical Services

- → SOUTHCENTRAL FOUNDATION
  - Anchorage Primary Care Center
  - Mat-Su
  - McGrath
  - Iliamna
- → CHICKALOON VILLAGE TRADITIONAL COUNCIL
- **→** EKLUTNA
- → KNIK TRIBAL COUNCIL

#### Kenai Peninsula

- → Kenaitze Indian Tribe, IRA
- → NINILCHIK VILLAGE TRADITIONAL COUNCIL
- → SELDOVIA VILLAGE TRIBE
- → TYONEK, NATIVE VILLAGE OF

#### PRINCE WILLIAM SOUND

- → CHUGACHMIUT
- → VALDEZ NATIVE TRIBE

## SOUTHCENTRAL ALASKA

## **LOCATION / GEOGRAPHY**

This area covers about 107,000 square miles. The area extends east to the Canadian border, north to Cantwell, west to the upper reaches of the Kuskokwim Valley, south to the Kenai Peninsula. Included within the region are the Aleutian and Alaska Ranges, the Talkeetna, Chugach, Maxwell and Wrangle Mountains; the Copper River and Matanuska Valleys; the Prince William Sound area and both shores of the Cook Inlet. The majority of the area residents live in the Municipality of Anchorage and the Matanuska Valley. Those residing in the Aleutian Islands, and other regions not accessible by road are isolated from health facilities by immense distances, climatic extremes and geographic barriers.





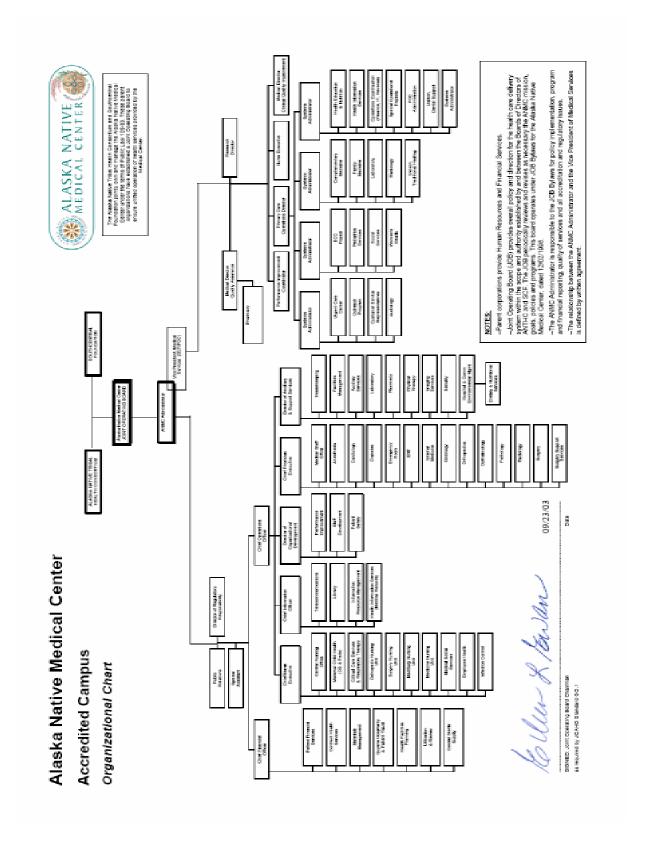
# ANMC ALASKA NATIVE MEDICAL CENTER

## **LOCATION/ GEOGRAPHY**

The Alaska Native Medical Center is located at 4250 Diplomacy Drive in Anchorage Alaska. It is conveniently located in mid-town Anchorage, approximately 10 minutes from the airport. It is served by public transportation as well as taxi and van services. The building is sited so that from the patient rooms there are outstanding views of the Chugach Mountains as well as the Alaska Range.

## **ORGANIZATIONAL DESCRIPTION**

The Alaska Native Medical Center is jointly managed by the Alaska Native Tribal Health Consortium (ANTHC) and Southcentral Foundation (SCF). The ANMC/TSMS is the ANTHC portion of the services provided within a 150-bed acute tertiary specialty referral hospital. Southcentral Foundation manages the Primary Care Center portion of ANMC, and provides primary care services for Alaska Native patients in the Anchorage Service Area. Beyond the Anchorage Service area, TSMS collaborates with Tribal partners that independently operate six rural hospitals and 178 village clinics, providing are through on-site field clinic, consultation and referral planning, and joint patient management via telemedicine technology. Description of services is elaborated in the Primary Service Area Delivery Plan section. ANMC is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), as well as the College of American Pathology and the American College Radiology.



#### ALASKA NATIVE MEDICAL CENTER MASTER PLAN

A long-range master plan is currently underway for the Alaska Native Medical Center to determine future needs and provide a framework for future development to meet those needs. The plan began with articulating guiding principles for the campus including:

- Reflect Alaska Native Culture and Concerns:
  - Native Healing
  - Health Focus
  - Community gathering places indoor & outdoor
- Physical Attributes:
  - Provide linkages
  - Improve way-finding
  - Accessibility to buildings
  - Flexibility to accommodate future changes
  - Make campus "friendly"
- Recognize Cost Effectiveness
  - Operational costs
    - Space layout
    - Reduce Leasing Costs
  - Capital costs
    - Highest and Best Use of Campus
    - Provide for future technology (e.g. wireless)

A task to understand existing conditions and current issues revealed the following:

- Increase in volumes have exceeded the increase in population in recent years
- Specialty clinics have reached or exceeded their physical capacity
- Diagnostic and treatment services have reached capacity and in many cases, have no options to increase their space
- The Medical Center is deficient in space overall compared to industry standards
- Lack of space compromises operational efficiency and makes it very difficult to increase volumes and revenues

The methodology to address current issues and determine future needs is based on demographic changes and volume forecasts summarized in the following material.

#### **DEMOGRAPHIC ANALYSIS AND FORECAST**

The Alaska Native Medical Center serves as the regional referral center for all of Alaska as well as the primary care hospital for those Alaska Natives living in the Anchorage, Aleutian and Pribilof areas. Currently, the Alaska Native population in these areas account for 37% the State's total. By 2105, it is predicted it will increase to 51%. This will have a significant impact on health care providers in the Anchorage area.

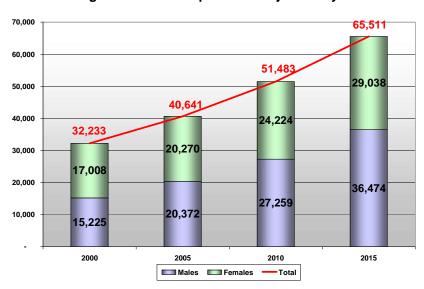
Population assumptions and scenarios as discussed in the prior narrative were used in the Master Plan. Alaska Native Medical Center draws a high percentage of patients from the Anchorage area. The following table shows the Anchorage area Medium Population Forecast by gender from 2000-2015.

#### **Anchorage Area Medium Population Forecast**

	2000	2005	2010	2015
Total	32,233	40,641	51,483	65,511
Males	15,225	20,372	27,259	36,474
Females	17,008	20,270	24,224	29,038

The chart below displays gender distribution and growth.

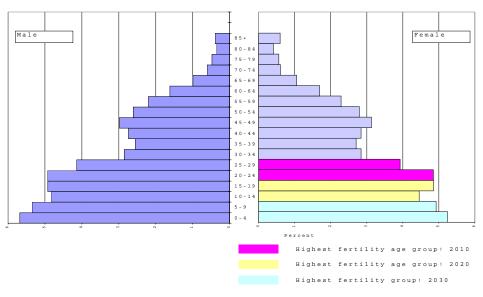
#### Anchorage Area AN/AI Population Projection by Gender



Total population will double between 2000 and 2015, a huge increase in population to be served by Anchorage facilities.

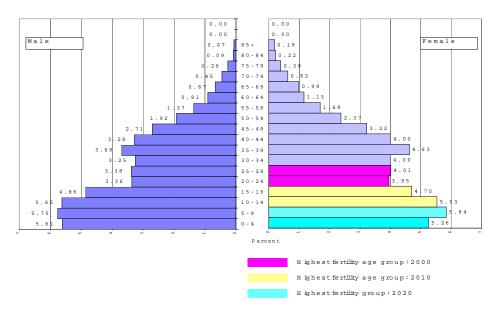
A major driver of population is fertility rate. In 2000, there were 2,567 females (32% of total population) in the high fertility age group of 20-29 in the Anchorage Area. By 2015, females in the highest fertility rate category are projected to grow to 4,845 (36% of the total population).





The bulge in women of childbearing age in the 2010 - 2015 time frame will put pressures in obstetrics and pediatric health care programs over the next ten years.

# **Anchorage Area Fertility Rate**



#### REFFERAL PATHS AND PATIENT ORIGIN

The following table displays ANMC admissions by service and patient origin for 2003. Overall, nearly 60% of all admits are from the Anchorage Service Unit. The Medical Center needs to be prepared to accommodate the significant growth expected in this area since is the community hospital as well as the referral hospital for this area. The 40% that comes from outside the Anchorage area are the higher acuity, secondary and tertiary care referrals.

	Anchorage Area	Anchorage Service Unit	Outside Anchorage Service Unit
Obstetrics	53%	59%	41%
Pediatrics	43%	49%	51%
Medical/Surgical	49%	59%	41%
Critical Care	49%	61%	39%
Nursery	54%	60%	40%
Special Care Nursery	40%	40%	60%
Total	50%	58%	42%

#### **WORKLOAD ANALYSIS**

#### Inpatient analysis

An inpatient workload analysis and forecast identify the near and long-term demand for services. Similar to the Population Analysis, three projection scenarios were developed with varied assumptions.

The inpatient workload assumptions are:

- Obstetrics, Pediatrics, Nursery, and Special Care Nursery admissions are based on Mid Range projected births
- All other services are based on current admission rates applied to mid range population projections.
- Inpatient days are based on current rates, adjusted for changing population and a decrease of 1.65% annually.
- Data does not include less than 24-hour admissions.
- Up to 30% of inpatient workload may not meet acute care criteria.

The assumptions were factored into an inpatient forecast methodology that projects average daily patient load from 2000 – 2015 using population growth as the key variable. Below is the methodology:

Inpatient Workload Forecast Methodology

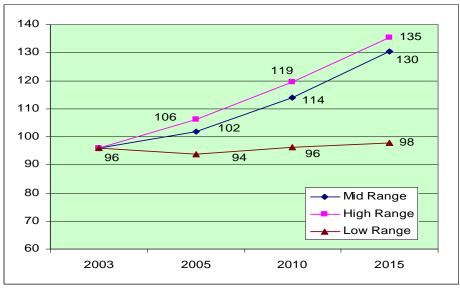
The average daily patient load represents the patient census at midnight. It does not reflect the higher patient loads that may occur during the day when there is an overlap of patients being admitted versus patients waiting to be discharged. It also does not include the "observation beds", patients admitted for less than 24 hours.

The three ADPL scenarios are shown below.

Scenarios	2003	2005	2010	2015	% Growth (2003- 2015)
Low	96	94	96	98	2%
Medium	96	102	114	130	35%
High	96	106	119	135	39%

Overall, in 2003, there was an average of 96 patients on any given night. The Low forecast suggests a growth to 98 patients by 2015 (2 more patients, 2% growth), the Medium forecast grows volume to 130 by 2015 (34 more patients, 35% growth), and the High forecast suggest a growth to 135 patients (42 more patients, 39% growth). This is shown graphically below.

# **Projected Average Daily Patient Load at ANMC**



After a review with key stakeholders, the Mid Range Projection was selected as the workload forecast to be used for space projections. Below is the Medium forecast by type of patient.

## Average Daily Patient Load - Mid Range Scenario

	2003	2005	2010	2015
Obstetrics	10	10	11	12
Pediatrics	10	10	10	10
Med/Surg	56	60	69	79
CCU	9	10	12	14
Nursery	7	8	8	9
SCN	3	4	4	5
Totals	96	102	114	130

The next step of the workload analysis is to take the Average Daily Patient Load and translate the volume into bed need. Below is the methodology:

#### **Bed Need Forecast Methodology**

Average Daily Patient Load (ADPL)

/

Occupancy Rate

=

**Bed Need Forecast** 

Goal occupancy rates used to calculate bed need are shown below.

Occupancy	Rates
	Goal
Obstetrics	65%
<b>Pediatrics</b>	70%
Med/Surg	80%
CCU	65%
Nursery	70%
SCN	65%
Totals	

The bed forecast indicates that in 2003 there was some excess capacity based on the number of licensed beds. According to the bed need methodology, in 2003 there was a need for 138 beds. It is expected that by 2010, the Medical Center will reach the licensed bed count. By 2015, the bed need grows to 181.

Projected Bed Projection

Highlighted projections indicate services where additional beds are required.

Bed Needs Based on Occupancy Goals

		Bed Needs Based on Occupancy Coals				
	Exist.	Mid Range Projections				
	Beds	2003 2005 2010 201				
Obstetrics	17	17	17	19	20	
<b>Pediatrics</b>	19	16	15	15	16	
Med/Surg	92	70	75	87	100	
CCU	16	16	17	19	22	
Nursery	11	12	12	13	15	
SCN	6	7	7	8	8	
Totals	161	138	143	161	181	

In summary, inpatient volumes are projected to increase by 31% by 2015. This is an average annual increase of 3% per year.

#### **Outpatient Analysis**

A methodology (similar to inpatient analysis methodology) was used to project outpatient needs. The following assumptions were made:

- Numbers of visits shown are only visits where patient is seen in the clinic.
- The number of visits do not include cancelled appointments, those that did not keep appointments, phone consults, chart reviews, etc.
- Projections are based on current utilization rates, applied to high, middle, and low range population projections.
- Some services are adjusted for other factors e.g. Oncology Clinic where new types of treatments will mean more visits for existing patients.

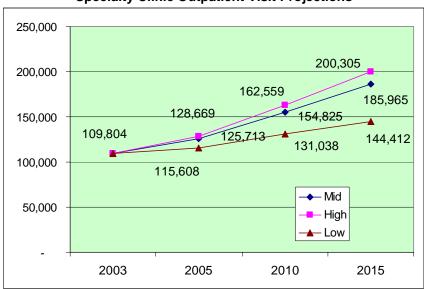
Below is a table showing the three outpatient clinic volume scenarios.

## **Outpatient Visits Scenarios From 2003-2015**

Scenarios	2003	2005	2010	2015	% Growth (2003- 2015)
Low	109,804	115,608	131,038	144,412	32%
Mid	109,804	125,713	154,825	185,965	69%
High	109,804	128,669	162,559	200,305	82%

In 2003, there were 109,804 clinic visits. The Low forecast shows an increase of 32% from 2003-2015, 69% in the Medium forecast and 82% in the High forecast. Below is a graph showing the projected growth trends for the Low, Medium, and High outpatient visits scenarios.

#### **Specialty Clinic Outpatient Visit Projections**



Similar to the inpatient volume, the Mid Range Projection was chosen as the most likely scenario. Total outpatient volume is expected to increase by 76,161 visits, a 69% growth. ENT, Diabetes, Audiology, Cardiology, Urology, Ophthalmology, and Internal Medicine are the seven outpatient services that are expected to experience over 100% growth from 2003-2015 with ENT (16,559 more) and Internal Medicine (12,141 more) having the highest growth in number of actual visits.

Mid Range Clinic Volume Projection

Clinic	2003	Mid Range Projections 2003 2005 2010 2015				03-'15 % Growth
					Increase	
Audiology	3,354	4,743	5,996	7,519	4,165	124%
Internal Medicine	11,993	16,704	19,993	24,134	12,141	101%
Cardiology	2,628	3,736	4,556	5,696	3,068	117%
Diabetes	1,459	2,058	2,641	3,429	1,970	135%
Neurology	1,561	2,111	2,486	2,935	1,374	88%
Urology	2,215	2,909	3,704	4,776	2,561	116%
Surgery	7,413	9,842	11,899	14,565	7,152	96%
Oncology	3,842	4,333	5,808	7,467	3,625	94%
ENT	7,768	11,127	16,714	24,327	16,559	213%
ER	18,275	18,011	21,517	23,612	5,337	29%
UCC	35,112	33,697	39,642	43,278	8,166	23%
Orthopedics	9,985	11,048	13,146	15,736	5,751	58%
Ophthalmology	<u>4,199</u>	5,394	6,723	8,491	4,292	102%
Totals	109,804	125,713	154,825	185,965	76,161	69%

The next step in determining future needs is to translate the clinic volumes into exam room needs.

# **Exam Room Needs**

Projected Outpatient Clinic Visits
/
Visits per Exam Room
=
Exam Rooms

The number of visits per exam room, but clinic, was calculated based on current utilization and applied to projected clinic visits.

The forecast shows that there will be a need for 153 exam rooms by 2015, more than twice the number of current exam rooms.

**Clinic Exam Room Forecast** 

<b>A</b> II .			
<u>Clinic</u>	<u>2004</u>	<u>2010</u>	<u>2015</u>
Audiology	2	4	4
ENT	6	13	19
Ophthalmology	4	6	8
Internal Medicine	17	29	35
Surgery	9	19	25
Oncology	8	12	16
Orthopedics	8	10	13
ER/UCC	18	31	33
Totals	72	124	153
Percent %		72%	24%

For Imaging services, the forecast assumes a growth from 12 units to 23 units by 2015, a 28% growth.

**Imaging Forecast Needs** 

	<u>2004</u>	<u>2010</u>	<u>2015</u>
R & F/General	2	3	4
Rad/tomography	2	3	4
СТ	1	2	2
Mammography	1	1	2
MRI	1	2	2
u/s	3	5	6
StereoTactic	1	1	1
Telemedicine	1	2	2
Totals	12	18	23
Percent %		50%	28%

The table below shows the need for additional operating rooms and Endoscopy treatment rooms through 2015.

	<u>2004</u>	<u>2010</u>	<u>2015</u>
Surgery	8	10	13
Endoscopy	2	2	3
Total	10	12	16
Percent %		20%	33%

#### Space Forecast

Once functional units for inpatient beds and diagnostic and treatment services are determined, a "par" or goal square footage per unit is applied to the forecast. The total square footage need by service or department is then compared to existing conditions to determine adequacy of total department space, not just number of rooms provided. For administration and support functions like Dietary and Central Sterile Processing, space needs are determined by increasing the space in proportion to total inpatient, diagnostic and treatment and outpatient clinics space needs.

In summary, the combined departmental gross square "par" footage (DGSF) need in 2010 is ~383,000 and ~449,000 in 2015. The forecast departmental gross square footage is then multiplied by a factor to arrive at total hospital building gross square footage (BGSF). This factor accounts for public hallways, stairs, elevators, and building infrastructure (i.e. mechanical and electrical rooms). The multiplier used to convert departmental to building gross square footage is 1.35, meaning that ~35% more square footage is required to accommodate non-departmental functions.

### **Space Forecast Methodology**

Functional Unit Forecast (beds, exam rooms, etc.)

X

Space need "rule of thumb" / functional unit

=
Departmental Gross Square Feet (DGSF)

X

Building Multiplier

=
Building Gross Square Feet (BGSF)

The "rules of thumb" used to project space needs were determined by reviewing existing conditions at ANMC, and drawing upon space planning guidelines for comparable facilities. The table following summarizes ANMC space needs.

## **Space Need Summary – Departmental Gross Square Footage**

	2004 Existing	<u>2004 Par</u>	<u>2010 Par</u>	<u>2015 Par</u>
Inpatient Beds	61,800	84,100	86,300	97,700
Surgery	21,500	33,000	36,000	48,000
Imaging	11,700	16,500	25,000	32,600
PT/OT/Speech	4,200	6,300	7,300	8,400
Lab	6,800	8,900	12,800	15,700
Pharmacy	5,900	5,900	8,200	9,800
ED/UCC	9,400	11,700	19,900	21,700
Clinics	29,700	35,400	55,600	65,400
Support	55,200	65,900	77,100	90,400
Office Based Services	19,700	24,600	26,400	31,200
Hostel	16,700	16,700	25,900	25,900
Totals	243,700	310,200	382,000	448,300
Percent change		27%	23%	17%

The table above shows the existing size of the various areas compared to "par" levels, or sizes they should be given industry guidelines. As shown, today, the hospital is undersized by about 27%.

For near-term, the space forecast shows that:

- Par levels indicate current space deficiencies are significant
- Highest near-term priorities:
  - Clinics (Oncology, Internal Medicine)
  - Clinical Office support
  - Maternal Child Health Inpatient Units

For Long-range, the space forecast shows that:

- In order to meet needs, the Medical Center needs to invest in a significant expansion plan.
- Priorities need to be established to determine incremental phases to make expansion affordable
- Expansion plans and development strategies are currently under review

#### STAFFING ANALYSIS

A staffing projection was conducted concurrent with the workload forecast. The projection forecasts staff need by department division. Below is the methodology used:

#### **Staffing Projection Methodology**

Existing Staffing X
Percentage Growth

## **Projected Staffing Need**

The forecast percentage growth is based on:

#### ANMC (TSMS) Staff Analysis

- Used ANMC Provision of Services, 2003 Annual Update as source for existing staff
- Sorted staff:
  - Inpatient related
  - Clinic related
  - Support related
- Growth in volumes provided guidelines for increases
- Compared to staff/occupied bed guidelines

# Projected Total Staffing Needs ANMC (TSMS)

Current Staff 1,170 2005 Planned Staff 1,810 2015 Projected Staff 2,185

Below is the ANMC staff analysis by inpatient, clinic and support functions.

## **Inpatient Staff**

<u>Year</u>	<u>Staff</u>	<u>Assumptions</u>
2004	834	
2005*	859	3% increase in staff vs. 5.6% increase in ADPL
2015	1,031	20% increase in staff vs. 28% increase in ADPL

<sup>\*</sup> need to reconcile with 2005 budget

#### **Clinic Related Staff**

<u>Year</u>	<u>Staff</u>	<u>Assumptions</u>
2004	564	
2005*	622	12% increase in staff vs. 17% increase in clinic visits
2015	832	30% increase in staff vs. 50% increase in clinic visits

<sup>\*</sup> need to reconcile with 2005 budget

## **Support Staff**

<u>Year</u>	<u>Staff</u>	<u>Assumptions</u>
2004	311	
2005*	319	2.5% increase in staff
2015	332	4% increase in staff

<sup>\*</sup> need to reconcile with 2005 budget

# Staff per Occupied Bed

<u>Year</u>	<u>Total</u>	Inpatient & Support
2004	17.75	11.88
2005*	17.78	11.57
2015	16.77	10.46

As a check, projected staff per occupied bed is compared with other areas to ensure they are "ball park". Some comparables, taken from the <u>Universal Healthcare Almanac, 2001</u> are as follows:

<u>Area</u>	Staff/occupied bed
Anchorage	10
California	6.2 - 10
Boise	11

It appears that the projected staff for ANMC (TSMS) is within the range of actual staff/occupied bed.

The resulting plan for the facility to meet the described need is in final stages of development.

# SOUTHCENTRAL ALASKA

# ALASKA NATIVE MEDICAL CENTER

SERVICE DELIVERY PLAN

for

TERTIARY • SPECIALTY • MEDICAL

CARE

#### **SERVICE DELIVERY**

#### **AUXILIARY PATIENT SERVICES**

Auxiliary Patient Services is a special service program aimed to benefit inpatients and other constituents who are served through the mission of ANMC. The Auxiliary Patient Services Coordinator manages the program. A pool of 180 volunteers supports the program and activities. A Board of Directors provides oversight of the program directions and volunteer pool. The Auxiliary reports annually to the governing body of the hospital.

## SERVICES PROVIDED

The Craft Shop serves to provide a source of cash income for native artists and crafts persons by receiving works on consignment and selling to the public. It is open Monday through Friday 10am – 2pm and the first and third Saturday of each month. The craft shop receives 20% commission for each item sold.

Management of the Native Heritage Collection, which was collected and donated by the craft shop volunteers and consists of over 400 traditional Native pieces. A part of this collection is permanently displayed throughout the hospital.

An arts and crafts mobile cart that contains materials and projects for hospitalized patients.

A volunteer "First Foto" program offers to take photographs of newborn babies. The Auxiliary receives in return a percentage from the sales.

The ANMC Auxiliary provides baby clothing and hats to all newborns

TLC program provides ice cream and balloons every Wednesday for hospitalized pediatric patients.

Rainbow Committee is responsible for the needs of long-term patients and their families such as assistance with clothing and other supplies.

Scholarship program, in its 20<sup>th</sup> year, has provided financial assistance to over 170 Alaska Native and American Indian students attending accredited 4-year programs.

The ANMC Auxiliary funds 5 scholarships to students enrolled in the Native Art Studies at UAF.

The ANMC in its second year has provided \$15,000.00 to ANTHC for the summer intern program

The Auxiliary maintains funds to be used by: Auxiliary Patient Service coordinator to assist in meeting special needs of patients or families, Emergency Room department for after-hours transportation a

Provides volunteer ministry services to inpatients and families.

The Auxiliary Services Coordinator also organizes special functions with ANMC PR & ANTHC staff such as Traditional Healing Day; Employee Picnic, Volunteer Recognition event; November Heritage Month; Christmas activities etc. enjoyed by patients, visitors and employees. All new ANMC employees & volunteers receive education on Alaska Athabascan culture by the Coordinator. The Auxiliary has supported the Quyana House with funds to purchase extra amenities for the guests.

# **GOALS:**

Healing	gard	len.
	Healing	Healing gard

- □ Participate in the facilitation of quarterly meeting with the clergy.
- Develop recruitment tools for volunteers.
- □ Signage for Heritage collection to be completed this year.
- Develop evening activities for patients in Quyana House
- ☐ JACHO readiness at all times

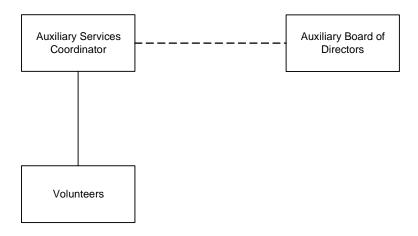
## **HOURS OF OPERATION:**

Office Hours: Monday through Friday from 8:00 am - 4:30 pm

# **STAFFING PLAN:**

- Auxiliary Services Coordinator
- □ Volunteer Pool Varies

# **MANAGEMENT STRUCTURE:**



#### **SERVICES PROVIDED:**

The admission process for all patients who are to be admitted, including patient interview and update of demographic and insurance information is the main focus of the Central Admitting Office. The admitting team is responsible for all admission, discharge, transfer or other changes made during a patient's stay. The Admitting office provides daily inpatient hospital census reconciliation, and quality control of the admission process.

Verification of patient's insurance information for all outpatient registration portals, day surgery and inpatient admissions are a function of the Medical Billing Specialist in the Central Admitting Office. This information is shared with Utilization Management for pre-certification of services

Central Admitting pre-registers all patients scheduled for day surgery in an effort to update demographic information and complete proper admission forms prior to the procedure. The Pre-Registration Clerk works in close coordination with all outpatient clinics and the surgery department on a daily basis.

The admitting team creates charts for new employees, volunteers, newborns and certain other groups requiring off-campus medical services.

Central Admitting Managers are responsible for training of new staff members and to assist other departments with specific training issues upon request.

This office coordinates, and provides operational assistance to Utilization Management, Medical Records, Business Office, Family Health Resources, Information Management and other departments regarding inpatient admission and discharge information. The Admitting Department develops policy revision, new policies and/or procedures that affect patient admissions.

Central Admitting managers are responsible for on-going quality monitoring, and reporting to senior management, of inpatient and day surgery admissions completed by admitting staff.

Monitor and maintenance of the Medicare Secondary Payer report to clinics and senior management is a function of Central Admitting.

The Central Admitting office is responsible for assuring Non-Native Veterans and Elmendorf AFB patients are authorized for care at ANMC and the third party billing information is entered into the patient's registration information. The Utilization Management Office is notified of the authorization in order to generate the appropriate claim for reimbursement.

#### **GOALS OF THE CENTRAL ADMITTING SERVICES:**

- ☐ Insure highest standard of customer service to our Alaska Native beneficiaries.
- Develop a campus-wide outpatient registration monitoring system. The ultimate goal is to gather correct demographic and payer information at the time of service to reduce unnecessary claims denials.
- Centralize registration for telehealth services.
- □ Family Health Resource representation in Central Admitting to increase accessibility to patient information at time of an admission.

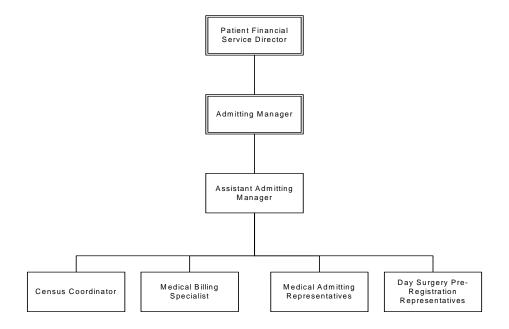
#### **HOURS OF OPERATION:**

Office hours: Continuous - 24 hours a day, 7 days a week

# **STAFFING PLAN:**

Admitting Manager	1
Assistant Admitting Manager	1
Medical Admitting Representatives	6
Day Surgery Pre-Registration Rep.	1
Census Coordinator	1
Medical Billing Specialist (Insurance Verifier)	1

# **MANAGEMENT STRUCTURE:**



#### **SERVICES PROVIDED:**

The Central Nursing Office provides leadership, direction, and guidance and facilitates the use of Continuous Quality Improvement in the management of nursing services at ANMC. The office provides a regular review and evaluation of the quality and appropriateness of nursing practice and function by monitoring licensure, clinical certifications and continuing education. Through oversight, the office assures human and fiscal resources are adequate for patient care needs and for orientation and in servicing of nursing personnel. The Nursing Management Council (NMC) and Nursing Procedure Committee provide technical assistance, feedback and implementation of initiatives related to nursing practices. The President of the Nursing Staff, and the Nursing Coordinating Council also work collaboratively with the CNO in coordinating the nursing program on campus.

The office is ultimately responsible for the deployment of nursing staff on a day-to-day basis and for future resource allocations.

The office manages Nursing Supervisor responsibilities.

The Central Nursing Office facilitates and enhances the recruitment, career development and advancement opportunities of minorities, especially Alaska Native/American Indians, women and persons with disabilities.

ANMC serves as a clinical training facility for the University of Alaska Graduate, Baccalaureate and Associate Degree nursing students. The Central Nursing Office role is to participate in planning conferences related to this collaborative and assists in resolving issues related to nursing students' clinical experiences at ANMC.

#### **GOALS OF THE CENTRAL NURSING OFFICE:**

of "best in class" service and outcomes.

In accord with the goal of the Alaska Native Tribal Health Consortium to provide the highest quality health care services for all Alaska Native, the Central Nursing office endeavors as a member of the health care team to collaborate in planning a program which assures that nursing fulfills its responsibilities to the consumer, the agency, the nursing profession, other disciplines and the employee.

To define a theoretical framework that supports a quality nursing service including therapeutic, preventative and supportive care within the framework of available resources.
To facilitate activities designed to operationalize the goals of the organization.
To collaborate in effective management of the continuum of care including discharge planning and resource management.
To provide an environment for efficient and effective day-to-day coordination of patient care activities that advance patient care goals.
To provide ongoing training and education to ensure professional competence.
To support on going improvement programs and continued Magnet designation as well as continued compliance with all applicable accreditation requirements.
To emphasize participation in and communication of improvement activities that evaluate the quality and appropriateness of patient care.
To collaborate with community groups to stimulate interest among Alaska Natives and American Indians in encouraging and guiding them towards a career in health care.
To assist with emergency preparedness
To support evolving nursing research and evidenced based nursing practice to support the attainment

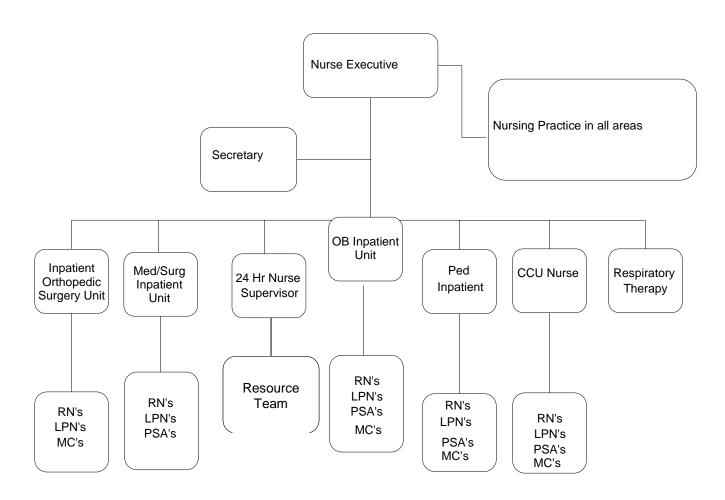
#### **HOURS OF OPERATION:**

Office Hours: Monday through Friday from 8:00 am – 4:30 pm, Nursing House Supervisor available 24 hours a day, 7 days a week.

## **STAFFING PLAN:**

Nurse Executive	1
Nursing Supervisor	5
Secretary	1
Resource Nurses	3
Internship Coordinator	1

# **MANAGEMENT STRUCTURE:**



#### **CENTRAL SUPPLY & STERILE PROCESSING**

#### **SERVICES PROVIDED:**

The Central Supply / Sterile Processing (SPD) department is the department within the facility in which surgical supplies and equipment, both sterile and non-sterile, are cleaned, prepared, processed, stored and issued for patient care. The services provided include:

- Sterile Processing
- Central Supply
- Inventory Management
- Materials Handling Receiving
- Purchasing

The objectives of Central Supply / Sterile Processing include the following:

- To provide inventoried supplies and equipment to customer areas.
- To promote better patient care by providing prompt and accurate service.
- To provide supplies of sterile linen packs, basins, instruments and other sterile items.
- To maintain an accurate record of the effectiveness of the cleaning, disinfecting and sterilizing processes.
- To strive for uniformity and simplicity in the trays and sets that the department provides.
- To maintain an adequate inventory of supplies and equipment.
- To monitor and enforce controls necessary to prevent cross infection according to infection control policies.
- To establish and maintain sterile processing and distribution standards.
- To operate efficiently to reduce overhead expense.
- To stay abreast of developments in the field and to implement changes as needed to stay current with new regulations and recommended practices.
- To review current practice for possible improvements in quality or services provided.
- To provide consulting services to other departments in all areas of sterile processing and distribution, including in-service education programs, review policies and procedures, and implementation of new processes.

The CS and SPD staff members are responsible for furthering the objectives of the department while performing functions in a timely and conscientious manner and maintaining high standards of ethics, safety and cleanliness. They must comply with all departmental rules and regulations.

- SPD provides direct support to surgical services in the areas of O.R., Center Core support, case cart management, acquisition responsibilities and biological testing.
- Inventory management / CS maintains appropriate amounts of supplies on-hand to support patient care operations.
- Materials handling / Receiving manage the receiving and distribution process for supplies

#### GOALS:

	To maintain cost effective control of instruments and supply inventories.
ш	To maintain cost effective control of instruments and supply inventories.
	To perform work related duties more efficiently without reducing quality.
	To provide ongoing training activities to upgrade the knowledge and skills of the Central Supply
	Sterile Processing Staff.
	To effectively operate within the cost limits of our operating budget.

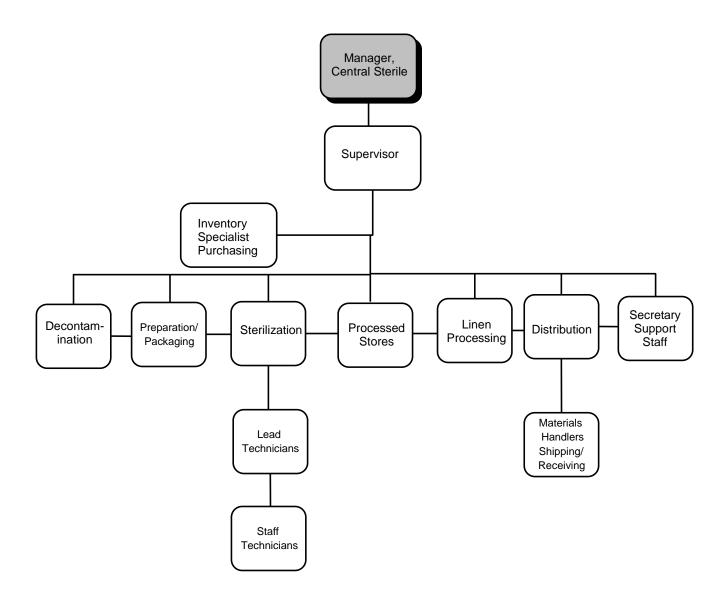
# **HOURS OF OPERATION:**

Central Supply / Sterile Processing	Seven Days a Week 24 hours per day
Purchasing	Monday – Friday 7:00 a.m. – 3:30 p.m.
Shipping and Receiving	Monday – Friday 7:00 a.m. – 3:30 p.m.

# STAFFING PLAN:

Central Supply/Sterile Processing Manager	1
Central Supply Supervisor	1
Processing Supervisor	1
Inventory Specialist	3
Lead Technicians	4
Central Supply Technicians	6
Sterile Processing Technicians	15
Materials Handlers	4
Administration Support	1

# **MANAGEMENT STRUCTURE:**



#### **SERVICES PROVIDED:**

Laboratory services are provided at the Alaska Native Medical Center (ANMC) in two locations. The central laboratory located within the Hospital itself provides most of the provider requested testing of Blood, Body Fluids and Tissue. A Satellite laboratory located in the Anchorage Native Primary Care Center (ANPCC) also provides testing but on a more limited scale. As of March 1, 1998, Southcentral Foundation assumed the administrative management of the ANPCC Laboratory staff, but returned operations management to the Alaska Native Tribal Health Consortium (ANTHC) laboratory management structure. The central laboratory is a full service laboratory capable of analyzing on site 95% of all tests requested. The scope of tests offered is within specialties of:

- Hematology
- Urinalysis
- Clinical Chemistry
- Immunology
- Microbiology
- Parasitology
- Mycobacteriology
- Mycology
- Virology (limited)
- Serology
- Toxicology
- Immunohematology
- Consultation
- Surgical Pathology
- Cytology (non-GYN)
- Autopsy Pathology
- PCR DNA Amplification

The laboratory performs various analyses for Alaska Area hepatitis testing program and performs other testing on samples received from Anchorage Area villages. A referral service is also available for specialized analysis and special tissue studies not available at ANMC.

The laboratory also participates in statewide consultation and training programs, assisting regional hospitals, clinics with educational programs. The Laboratory Manager and Laboratory Director provide the regional hospitals with on site regulatory and technical training. ANMC laboratory provides the regional hospitals with technical expertise to assist with computerization of laboratory services and ongoing support. Field visits include the locations of Dillingham, Bethel, Kotzebue, Nome, Sitka and Barrow. Some of these visits have been for regulatory and accreditation consults, pre-inspections, and technical expertise. Others have included on-site training and implementation for computer applications and upgrades. These services have continued through the PL93-638 transition of ANMC and will continue uninterrupted.

Training is being conducted for field laboratory personnel here at the Medical Center. We host training sessions on Lab V5.2 for field lab computer liaisons on a periodic basis.

The ANMC Laboratory Medical Director and Laboratory Manager periodically visit regional hospitals and consults with providers and administrators as requested. The laboratory management staff also provides training and experience to University of Alaska Anchorage students matriculated in Laboratory Sciences. The Laboratory Manager is an adjunct faculty member at UAA and participates in curriculum recommendations and course activities as a member of the Advisory Board.

The Laboratory Medical Director and laboratory supervisory staff consult and advise the Point of Care Testing Program Committee at the ANMC campus. The initial training, on-going competency testing of personnel, Quality Control of testing material, proficiency testing and documentation, Quality Assurance participation and compliance with regulatory requirements are all part of the laboratory's expertise in the advisory role for this program.

Specimen collection services are provided by the Service Lines at the patients' point of care.

#### **GOALS:**

	Reduce wait states by decreasing turnaround times.
	Expand the in-house testing menu to meet provider's needs.
_	Concrete revenue by marketing convices as a referral lab to regional begained and of

☐ Generate revenue by marketing services as a referral lab to regional hospitals and clinics.

☐ Expedite patient care through a campus wide point of care testing program.

Promote career development through continuing education and training.

□ Continue to perform cost analysis of all laboratory assays to improve budgetary control and identify revenue opportunities.

Continue to improve the delivery of laboratory services for both the ANMC Campus and our regional laboratory customers by active participation in the Laboratory Customer Service Team.

#### **HOURS OF OPERATION:**

ANMC Clinical Laboratory	Seven days a week 24 hours a day
Primary Care Clinic Laboratory	Monday – Friday 7:00 a.m 9:00 p.m.
Pathology	Monday-Friday 8:00 a.m 4:30 p.m. Available on call 24 hours a day

#### **SERVICE LINE STAFFING PLAN: \***

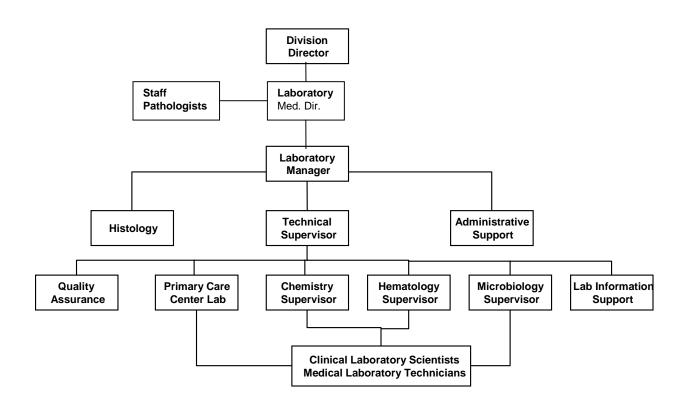
Pathologist	3.5
Clinical Laboratory Scientist	28
Clinical Laboratory Scientist/Computer Liaison	1
Clinical Laboratory Technician	13
Histology Technician	3
Clerk	1
Program Assistant	1
Molecular Biologist, (PhD)	1
Laboratory Computer Programmer	1

#### Note:

- 4 Technical FTEs are contracted to SCF under an IPA
- (3 Clinical Laboratory Scientists and 1 Clinical Laboratory Technician)
- (SCF directly hired 2 Medical Laboratory Technicians and 1 Medical Technologist in addition to the IPA staff).

<sup>\*</sup> Contained within the staffing plan are 10 supervisory positions each with an expertise in one or more of the following fields: Clinical Chemistry/Toxicology, Microbiology, Hematology/Immunohematology, Quality Assurance, Computer Programming and Laboratory Management.

#### **MANAGEMENT STRUCTURE:**



Community health aide program training center

## **SERVICES PROVIDED:**

Almost all rural health care for Alaska Natives is provided by a program unique to Alaska, the Community Health Aide Program (CHAP). Approximately 475 village-based Community Health Aides/Practitioners provide primary healthcare in approximately 175 villages throughout the state. The health aide candidates are chosen by their villages, employed by a regional Native Corporation and given formal training in one of the four training centers in Alaska. All four training centers are networked to provide access for training to all candidates regardless of their village location. Access is prioritized on immediate need; villages and candidates are scheduled into the next available course. The training includes a total of 15 weeks, spread out over 4 training sessions, most lasting 4 weeks each. A full complement is 54 students (6 per session, 9 sessions per year) and 2 separate CME' offering per year, (up to 25 per session, 2 weeks per year.)

ANMC houses one of the four training centers, (ANC-CHAP). The clinical staff of ANC-CHAP, comprised of nurse practitioners, physician assistants and a physician medical director, teach health aides the spectrum of primary care skills and knowledge required to provide acute, preventative and chronic care based on the Community Health Aide Manual/Community Health Aide Program curriculum in partnership with a licensed health care provider, usually their referral physician. ANC-CHAP has provided approximately 40% of the state's basic training. In addition, 20% of clinical staff time is providing primary care in one or more of the specialty or outpatient clinics in support of the ANMC campus.

The training center is physically comprised of two classrooms, office space that serve a dual purpose: staff workstations and return demonstration exam rooms, and supporting storage room. In addition, to accommodate CHA's in training, 6 rooms are reserved in the Alaska Family Hospice off campus housing units

within walking distance from ANMC. . The practice-based training is done in the classroom, various Campus clinical departments inpatient and outpatient and in other Anchorage agencies.

#### **VISION:**

The Community Health Aide Program, a dynamic learning organization, continually strives to be a model of excellence for training Community Health Aides/Practitioners.

### **MISSION:**

The mission of the Anchorage Training Center, to raise the health status of Alaska Natives and American Indians to the highest possible level supports the ANMC mission. This is accomplished by providing culturally appropriate, high quality, and timely training to Community Health Aides from all regions of the state thus enabling them to deliver quality culturally appropriate, preventive, chronic, and acute care directly to their own village residents.

The Anchorage CHAP Training Center values embrace:

Cultural Sensitivity, Mutual Respect, Teamwork, Clinical Competence, Continuous Improvement and Professional Growth

#### GOALS:

_ _	Maintain high quality training for community health aides.  Continuously improve quality of services through strategic thinking, ongoing evaluation and improvement of instruction, receptive program processes and direct health care delivery for the
	instructors and students.
	Improve coordination between the field and training centers.
	Increase utilization of training slots.
	Demonstrate a healthy learning and working environment.
	Enhance the professional development of CHAP instructors.

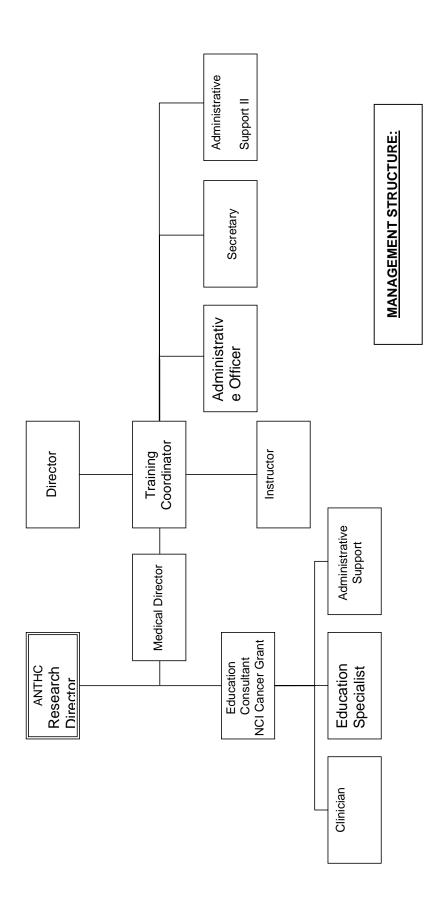
#### **HOURS OF OPERATION:**

Office Hours: Monday through Friday from 8:00 am - 4:30 pm, some evenings, occasional Saturdays and Holidays.

## **STAFFING PLAN:**

\*The Director provides supervisory management for both the Hospital Education Department and Community Health Aide Training Center. The Director, a clinician, does clinical 20% time maintaining ANMC privileging and teaches in the training center.

Director/MLP	1
Medical Director (2/3)	1
Administrative Officer	1
Medical Director	.5
Contract Cancer Grant Educational Consultant	1
Admin II/Secretary	1
Cancer Grant Support	3
Permanent Intermittent PT Instructors	8
Training Coordinator	1
MLP Instructors (practitioners) FTE	9



#### CONTRACT HEALTH SERVICE

### **SERVICES PROVIDED:**

Contract Health Service (CHS) is designated to authorize referred medical care when the care needed for our beneficiary population falls within established CHS medical priorities and cannot be provided by Alaska Native Medical Center (ANMC) direct care programs. As such, CHS is the administrative authorizing department for referred medical services and follows established policies and procedures. Medical services beyond ANMC's clinical capability are purchased, when possible, by contractual agreements or rate quote agreements. All contracts, arrangements and agreements are made with accredited and certified providers that are licensed in their respective field of medical expertise.

Contract Health Services is responsible for determining eligibility and authorizing payment for medical referrals for beneficiaries made by ANMC medical providers. A CHS Case Manager is assigned to each referral to ensure appropriateness of care; evaluate the details of the transfer and back-transfer for patient safety; and works with the receiving facility in continuity of care and coordination of benefits for the patient, provider and business office.

CHS staff provides information to patients being referred to providers outside of the Indian Health Service system. CHS responds to routine inquiries from patients and providers regarding eligibility and benefit questions. CHS reviews and responds to appeals when CHS denies payment for medical services to assure due process. CHS responds to special inquires from Congress, Attorneys and Indian Health Service Headquarters.

The Contract Health Service program provides referral care to eligible Alaska Natives and American Indians who are residents of the State of Alaska. This care may be local, at other locations in the United States or on infrequent emergency occasions at locations throughout the world.

The Contract Health Services offices are located on the first floor of the Alaska Native Medical Center.

#### GOALS:

- Continue to identify and develop rate quote agreements with providers to maximize CHS limited funds.
   Continued involvement with statewide CHS Taskforce to standardize statewide policies and procedures to ensure coverage for all Alaska Native/American Indians who are residents of the State of Alaska.
   Ongoing improvement of the denial letter issuance process for services not authorized by CHS.
- This process improvement initiative will ensure denial letters are appropriately issued.

  Develop CHS customer education program so beneficiaries are aware of program requirements.

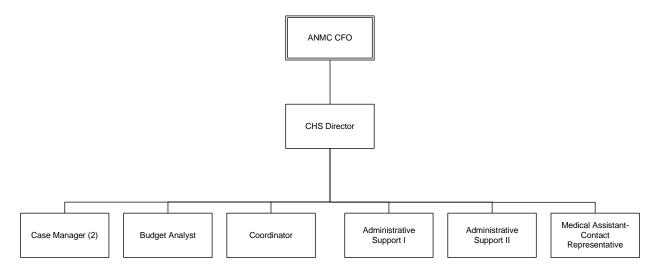
# **HOURS OF OPERATION:**

Office Hours: Monday through Friday from 8:00 pm - 4:30 pm, service may be requested 24 hours a day, 7 days a week through voice mail, e-mail or fax.

## **STAFFING PLAN:**

CHS Director	1
Case Manager	2
Coordinator	1
Administrative Assistant I	1
Administrative Assistant II	1
Medical Assistant	4
Budget Analyst	1

## **Management Structure:**



#### CTRICAL CARE SUPPORT CENTER

#### **SERVICES PROVIDED:**

The Critical Care Support Center provides comprehensive, holistic, and culturally sensitive multidisciplinary management of critically ill patients from throughout Alaska. The service treats geriatric, adult and occasionally pediatric critically ill medical-surgical patients, trauma and cardiac patients. The support center provides care for those experiencing complex cardiac disease, pulmonary, renal, neurological, endocrine GI, vascular and orthopedic problems. The acuity's of patients range from the most critically ill, to the stable ambulatory patient requiring telemetry monitoring.

More specific services include:

- Cardiac, hemodynamic monitoring & intracranial pressure monitoring
- Cardioversions, transesophegeal echos, endoscopies, peritoneal dialysis, central line insertions, temporary pacemaker insertions and bronchoscopies on ventilated patients
- Telemetry monitoring for cardiac patients admitted to the 5E Medicine unit.
- Support is provided for occasional elective bronchoscopies and assistance in Day Surgery endoscopy suite.
- The service responds to all ANMC Code 99, trauma team activation and stat pages
- Urgent after hours EKG services are provided to the general nursing units.
- Occasional assistance with complicated procedures, difficult IV starts, insertion of PICC Lines and short term intensive monitoring on the floors is provided until the patient is stabilized.
- Occasional services are provided to outpatients with specialized cardiology needs
- Employee health services are provided for five departments

The Support Center is physically comprised of sixteen (16) patient rooms with hard wire central monitoring from two (2) nursing stations; four (4) telemetry units are available and two (2) computed radiography viewing stations. Each room is designed to accommodate any range of patient acuity.

Respiratory therapy services are provided to the support center by the Respiratory Therapy Department that is part of the Division of Critical Care Services. The Respiratory Therapy Department and Pulmonary Function Lab is located adjacent to the CCU.

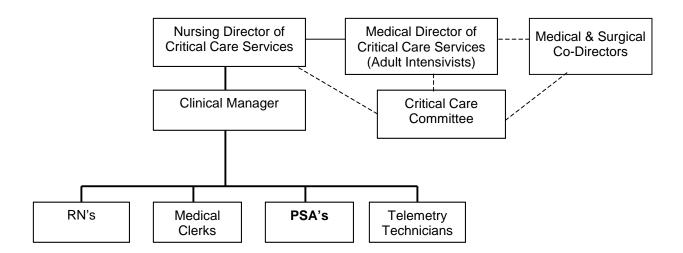
#### MISSION/AIMS:

The mission of the Critical Care Unit is to "Provide The Best Critical Care Services" active triage systems, bed management, staffing strategies, and quality measures have been implemented to accommodate workload yet still ensure quality critical care.

# **GOALS:**

	Provide premiere critical care services that are techn efficient and cost effective.	nically appropriate, scientifically based,				
	Provide critical care that goes beyond the technical and i	s caring, compassionate, and respectful				
	of cultural needs and patient and family wishes  Provide "flex up and down staffing" to avoid unit closures, maximize resources and manage a fluctuating census.					
_ _	Develop a process to expedite patient discharges to avoid Provide improved customer satisfaction with open visitation of care.					
_ _	Improve communication with referring physicians.  Develop an effective multi-disciplinary process for	patient evaluation, treatment plan				
	development, staff communication and documentation.  To support the shared governance nursing model as t within nursing services.	the framework for professional practice				
	To promote a work environment which values nursing e professional nursing practice, and involvement in improvir					
	To promote clinical education and leadership developmen					
FUTUR	RE AIMS INCLUDE:					
	Improvements in the discharge planning process Further improvements in end of life care issues and ethical Staff driven improvement initiatives for 2003:  Development of a CRRT Program (Continuous Renal) Development of Burn Care Protocols to provide the limit with burn injuries. World class pain management World class cardiac care and trauma services Ongoing revision/improvement of all clinical protocols Instituting a severity of illness scoring system for tracking based on numerous physiological parameters) Further development of point of service shared governance	Replacement Therapy), best possible care to the trauma patient ng patient outcomes (a computer score				
HOURS	S OF OPERATION:					
Office	Hours: Seven days a week, 24 hours a day.					
SERVI	CE LINE STAFFING PLAN:					
_ _ _ _	RNs (33 full-time, 2 part-time) Telemetry Technician Medical Assistant Patient Services Assistant Intermittent Nursing	35 4.5 3 2 8				

# **MANAGEMENT STRUCTURE:**



#### **HEALTH FACILITIES PLANNING**

## **SERVICES PROVIDED:**

Comprehensive population health, service delivery, business planning, and master facilities planning that serves the Alaska Native/American Indian population at the Alaska Native Medical Center.

Additionally, the Health Facilities Planner facilitates on-going master planning by hospital leaders for the space, clear circulation of occupants, equipment, supportive environment, and resources needed to safely and effectively support their services provided. Planning and designing is consistent with the hospital's mission and vision and the cultural background, age, and cognitive abilities of patient services.

The Health Facilities Planning office is located at 3925 Tudor Center Drive.

#### GOALS:

To continuously	improve th	e revenue	process	by	reducing	costs	as w	e increase	productivit	y,
while complying	with all requ	latory requ	irements							

☐ Continue implementation and refinement at operations on MS4 and Signature.

1

- Raise level of reimbursement, cost estimating, and business planning services used in Master Facilities Planning at ANMC.
- ☐ Continuous improvement of ANMC revenue cycle.

#### **HOURS OF OPERATION:**

Office Hours: Monday through Thursday from 7:00 am - 5:00 pm and from 8:00 am - 4:30 pm every other Friday.

#### **STAFFING PLAN:**

☐ Health Facilities Planner

#### **MANAGEMENT STRUCTURE:**



#### **HEMATOLOGY & ONCOLOGY SERVICES**

### **SERVICES PROVIDED:**

Alaska Natives diagnosed with cancer will receive care in a comprehensive, integrated cancer program that incorporates a highly skilled, multi-disciplinary care team, state-of-the-art standards of care, and coordinated, expeditious, compassionate care.

Cancer services, including outpatient chemotherapy administration and supportive care, are provided in the clinic space that is located on the main floor of the hospital. The department consists of seven chemotherapy/infusion treatment areas, two exam rooms, and four offices. The program provides consultative services to other ANMC service centers and throughout the state. A tumor registry is a function of cancer services. ANMC campus wide tumor board is held weekly in addition to hosting weekly citywide cancer conference every third month. Inpatient chemotherapy administration is a service that is provided on the 5 East Inpatient Nursing Unit. Every effort is made to comply with HIPPA guidelines and regulations.

#### **GOALS FOR CANCER PROGRAM ACTIVITIES:**

The primary goal for cancer services is to create a comprehensive integrated cancer program, which includes at a minimum the following services:

Cancer Foundation
Cancer committee
Palliative care
Social services
Pharmacy services
Education and community outreach
Volunteer services
Active cancer treatment

## INITIATIVES: PAST/CURRENT/FUTURE

Major initiatives prior year:

- Sponsored the Oncology Nursing Certification Review Course for local and regional nurses wishing to attain Oncology Certified Nurse status.
- Actively participated on the Nursing Department Career Ladder Development committee and through the Nursing Management Council to achieve Magnet Status.
- Finalized follow-up patient care clinical guidelines for cancer care through the work of the Cancer Committee
- Received a Cancer Control Plan planning grant (CDC funded)
- Palliative Care Education for Healthcare Providers of Alaska Natives (NCI grant submitted)
- Navigating the System-team visits to regional hospitals to address Alaska Native health care system issues regarding all aspects of cancer care
- Sponsored annual health care provider cancer education (Mayo Clinic funded)
- Patient Education materials development (HIS Elder Initiative funded)

#### Future Initiatives:

- Cancer Foundation or Development Initiative (first fundraiser August 2003)
- Comprehensive Palliative Care Program
- Breast Cancer Care Program
- Development of culturally sensitive patient education materials

- Volunteer program to assist out-of-town patients
- Lodge for patients undergoing treatment
- Involvement in clinical trials, research involving cancer care
- Diagnosis at earlier stage
- Expand screening, diagnosis and treatment opportunities
- Move the incidence of cancer in Alaska Natives to national priority
- Freestanding cancer center with a bridge connecting it to ANMC

#### Future aims:

- Participate in the Advanced Specialty Access Phase II process at the direction of corporate administration.
- Professional nursing staff will strive for national certification in Oncology. (OCN)

## **HOURS OF OPERATION:**

## **Scheduled Physician Provider Clinic**

Monday-Tuesday 8:30AM-1200PM and 2:00PM-4:30 PM 10:00AM-12:00PM and 2:00PM-4:30PM

Friday 8:30AM-12:00PM

**Bone Marrow Clinic** 

Wednesday 10:00am-12:00PM

## **Outpatient Nurse Clinic**

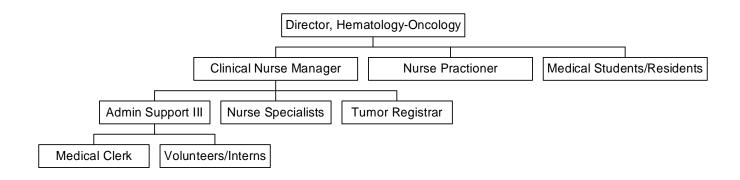
Monday-Friday 8:30AM-5:00PM

## **Outpatient Chemotherapy Clinic**

Monday-Friday 8:30AM-5:00PM **SERVICE LINE STAFFING PLAN:** 

Oncologist/Hematologist	1
Nurse Practitioner	1
Clinical Nurse Manager	1
Nurse Specialists	3
Administrative Support	1
Medical Clerk	1
Tumor Registrar	1

# **MANAGEMENT STRUCTURE:**



## HOSPITAL AND COMMUNITY ENVIRONMENTAL SERVICES

The Hospital and Community Environmental Services Department provides a complete and comprehensive environmental health services program for the Alaska Native Medical Center and the villages that comprise the Anchorage Area. The department is divided into two branches: the Safety, Environmental Management and Security Branch (SEM), which operates primarily within ANMC and the Community Environmental Services Branch (CES), which operates primarily in the Anchorage Area villages and with urban programs in the Municipality of Anchorage. Environmental health personnel are assigned primary duties in one specific environmental health branch but retain secondary duties within both departmental branches.

The Manager of Hospital and Community Services has Project Officer responsibilities for two major contracts at ANMC: Food Service and Housekeeping totaling approximately \$2.5 million. In addition to managing CES and SEM programs.

#### SERVICES PROVIDED

Safety, Environmental Management and Security Branch (SEM)

The SEM conducts a comprehensive safety and environmental control program to promote a safe and healthy environment for patients, visitors and staff within the Alaska Native Medical Center campus. The primary objective is to comply with legal requirements of regulatory agencies such as OSHA, EPA, FDA, NRC and pertinent state and local agencies. Another important objective is to comply with the Joint Commission on Accreditation of Healthcare Organization's *Environment of Care* standards and other professional guidelines. Secondary supporting roles include support to the Community Environmental Services Branch.

SEM is responsible for developing and coordinating a hospital-wide safety management program which includes: injury/incident reviews, safety complaint investigations and reporting; routine hazard surveillance of the facilities and grounds; hazardous materials and waste management; radiation exposure monitoring; respirator fit-testing; disaster preparedness; safety procedures; security and employee training. Additional environmental control activities include food service surveillance, air quality monitoring and pest control. The Safety and Environmental Management Branch works in close conjunction with the Employee Health Program and Infection Control Program.

The Director, Safety, Environmental Management and Security Branch manage the ANMC campus Security Program that has been converted from contract services to a direct hire program. The security program is proactive, progressive and responsive to all security issues on campus.

#### Community Environmental Services Branch (CES)

The Community Environmental Services Branch provides a comprehensive field environmental health and injury prevention program to the villages in the Anchorage Area including the "Village of Anchorage." This program includes the management, planning, and execution of all activities relating to environmental health issues in both urban and rural areas of South Central Alaska. Secondary supporting roles include support to the Safety and Environmental Management Branch and the Department of Environmental Health and Engineering.

The major activities include: provision of technical assistance, consultative services, informational surveys and specialized training activities to local communities on water system, sewer system and solid waste disposal system construction, operation and maintenance; liaison activities between village governments (utilities) and EPA and ADEC; provision of injury prevention activities such as bicycle rodeos, safety instruction and injury surveillance; performance of surveys and provision of technical assistance to village and corporation health facilities in relation to OSHA, JCAHO and other environmental requirements and regulations; provision of environmental health consultation and direct services to Headstart programs,

schools, community facilities; performing epidemiological investigations of disease outbreaks; maintenance of the State Lay Vaccinator Certification program which reduces the danger of human rabies exposure; and assistance in planning and implementation of sanitary facilities construction and operation & maintenance with the Department of Environmental Health and Engineering.

## **HOURS OF OPERATION**

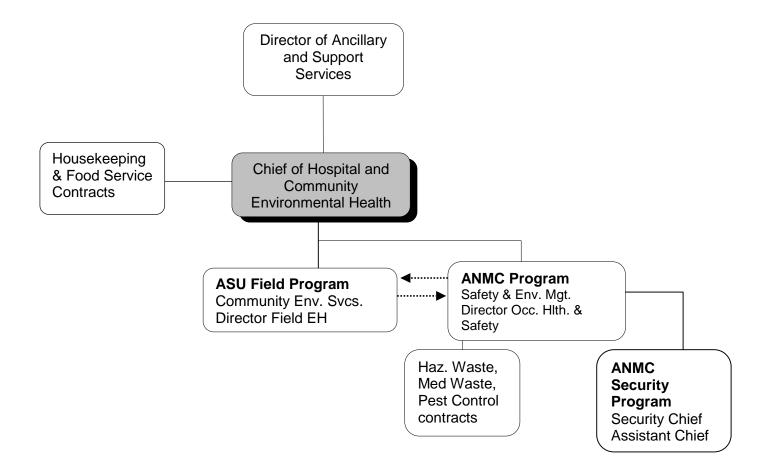
Office Hours: Monday through Friday from 7:00 am - 5:00 pm\*

\*Available for emergency assistance to hospital and villages 24 hours a day, 7 days a week. Security staffing is 24 hours per day, 7 days per week.

## **STAFFING PLAN**

Manager, Hospital and Community Environmental Services	1
Community Environmental Services Director	1
Field Environmental Health Specialist	1
Safety and Environmental Management Director	1
Occupational Health and Safety Manager	1
Program Assistant (Safety & Environmental Management)	1
Security Chief	1
Assistant Security Chief	1
Security Guards	18

## **MANAGEMENT STRUCTURE**



#### HOSPITAL EDUCATION DEPARTMENT

### **SERVICES PROVIDED**

The Hospital Education Department develops and implements educational services that are culturally competent, appropriate and responsive to the needs of patients, families and staff of the Alaska Native Medical Center.

Hospital Education facilitates educational and community outreach programs for customers of the Alaska Native Medical Center. Educational materials are acquired and distributed on demand from campus clinical areas by the department. The director is a member of the ANMC Patient Education standing committee, which is the body that reviews and sanctions all accredited medical campus educational materials to insure continuity and content appropriateness. Rural communities' emergency medical services training and other health learning technical assistance are provided by HED.

Education and training opportunities are provided for ANMC employees and a database is maintained for documentation of employee learning. HED schedules and/or teaches a variety of classes including: ACLS Advanced Cardiac Life Support, Phlebotomy, and Customer Service. HealthNet, a video lending library, is available for ANMC staff to attain continuing education credits for a variety of health care disciplines. Technical assistance is available to ANMC staff for developing presentation materials.

ANMC conference room scheduling is computerized and managed through the department. Audio-visual equipment is maintained and available for campus staff by reservation on a check out basis. Technical assistance in video production development and duplication services is provided by joint management with Southcentral Foundation. The Hospital Video Theater and Patient Education programming for inpatients uses the in-house television system. Staff CME and training is supplemented by the HealthNet continuing education program and tracking of staff CME credits and OSHA required annual events are overseen by the department.

## **GOALS:**

Make	accessible	standardized,	culturally	appropriate	and	automated	patient
informat	ion/education	material.					
Maintain	n a primary da	tabase to track er	mployee edu	cation and certif	fication.		
		lendar and cleari	nghouse to	announce all C	ampus	education and	training
		e for employees.					
		educational progra					
Contribute technology		ı, easily accessib	le campus h	ealth education	n using	current and e	xpanded
Offer all based tr		cational programs	s for staff, s	uch as a self-s	study m	nodules and c	omputer-
Expand	access to edu	icational opportur	nities for emp	loyees by provi	ding ev	ening shift clas	ses.

#### **HOURS OF OPERATION**

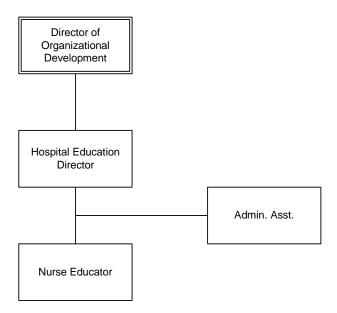
Office Hours: Monday through Friday from 8:00 am - 4:30 pm.

## **STAFFING PLAN**

	Hospital Education Director*	1
	Nurse Educator	1
п	Secretary	1

<sup>\*</sup>The Director provides supervisory management for the Hospital Education and Community Health Aide Program.

# **MANAGEMENT STRUCTURE**



#### **SERVICES PROVIDED:**

The supporting role of the Hospital Facilities Engineering program at the Alaska Native Medical Center is to provide a comprehensive facilities management program. This program includes the management, operation, maintenance and repair of the Medical Center, Quyana House, Arctic Investigation Laboratories building, together with the grounds and physical plant equipment associated with these buildings. These buildings have a combined floor space of over 380,000 square feet, with approximately 350,000 sq. ft. of that floor space within the Medical Center.

The buildings, physical plant, and associated equipment (such as the mechanical and electrical machinery) represent a large portion of the total investment (\$167 Million +) in the facility. Faulty or improper performance of the physical plant can cause severe disruptions to the operation of the Medical Center, impacting patients and staff. A proper preventative maintenance program, coupled with an effective corrective maintenance (repair) program, drastically reduces the occurrences of physical plant failure and directly enhances patient care.

The Hospital Facilities Engineer is directly responsible for providing total administration and technical direction for the comprehensive facilities management program; as well as providing the overall planning, programming, coordination, and operation of the physical plant.

The major activities include new construction, improvements, repair, maintenance and temporary construction needed to support program needs. New construction involves the erection of a building or structure or portion thereof including site preparation, associated roads and parking areas, landscaping, utilities and installation of equipment. It includes freestanding structures, additional wings or floors, enclosed courtyards or entryways, or any other means to provide usable program space that did not previously exist.

Improvement activities involve any change to an existing facility, building or property to allow its more efficient use within its designated purpose or for use for a different purpose or function. Building improvements also include improvements to or upgrading of primary mechanical, electrical or other building systems.

Repair activities involve the restoration of a failed existing facility, building or property to such a condition that allows it to be used for its designated purpose. A failed or failing property results from or is caused by the actions of the elements (weathering), fire, explosion, storm and/or other natural disasters and by usage to near or beyond its expected useful life.

Maintenance activities involve the work required to keep a facility in usable state or condition which may include replacement of parts, materials or equipment, inspection, adjustment, cleaning, resurfacing or making incidental minor repairs. Maintenance includes routine recurring work that is incidental to everyday operations as well as preventative work that is programmed at scheduled intervals.

Temporary construction activities involve the provision of a building, structure, or facility needed for a limited period of time to meet an urgent medical center need. These would be limited to structures of a modular nature manufactured to be transported.

#### **HOURS OF OPERATION:**

Office Hours	Monday - Friday
	7:30 a.m 4:00 p.m.
	Ext. 2800 & Ext.2801
Control Room Hours	7 days a week, 24 hours a day, Ext. 2820
	Emergency assistance available 7 days a week

As noted in the table above, the Hospital Facilities Engineering/Maintenance Department operates 24 hrs-per-day 7 days-per-week; although the majority of the staff routinely works between the core hours of 7:30 a.m. to 4:00 p.m. Monday through Friday. The weekend, as well as after routine weekday hours, is staffed by two (2) Boiler Operators working together during each shift. These two individuals have access via telephone to the Foreman and both Engineers in case of an emergency.

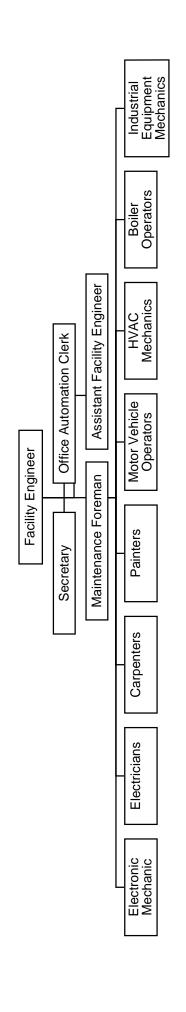
## **GOALS:**

To provide the highest quality comprehensive facilities management program to support the provision of health care services for all Alaska Natives. This program includes the management, maintenance, and repair of all facilities, grounds, and associated equipment in support of the Hospital. In this effort we will monitor three key performance indicators to ensure this goal is met they are:

Failure rate of maintenance items which are scheduled for regular preventive maintenance (PM)
Number of faults, alarms and reboots experienced in ANMC trolley system
Items of services related to building life safety that are fully functional or complete at all times

## **STAFFING PLAN:**

Facility Engineer	1
Maintenance Foreman	1
Electronic Mechanic	1
Carpenter	4
Motor Vehicle Operator/Laborer	2
Industrial Equipment Mechanic	2
Assistant Facility Engineer	1
Office Automation Clerk	1
Electrician	3
Painter	2
HVAC Mechanic	2
Boiler Operator	10
Secretary	1



MANAGEMENT STRUCTURE

## **HOUSEKEEPING SERVICES**

## **SERVICES PROVIDED:**

The mission of the Alaska Native Medical Center's (ANMC) Housekeeping department is to enhance the facilities' cleanliness and provide a pleasing and safe working environment for staff, visitors and patients. It is the responsibility of the department to provide a clean and pleasing environment which demonstrates the patient is being cared for in an atmosphere that is conducive to the recovery of health, and also, by providing, when required, an aseptic facility resulting in the reduction of microorganisms. Components of housekeeping services include linen management, waste and trash removal, and routine and urgent cleaning activities. The Contract Manager has overall responsibility for housekeeping services at the Medical Center, Arctic Investigations Laboratory, Quyana Hospitality House, and the Anchorage Primary Care Clinic

## **GOALS OF THE HOUSEKEEPING SERVICES:**

Develop a	more aggressive	training	program
Develop a	more aggressive	uaning	program

- □ Update cycle cleaning program to better meet the needs of the customer
- ☐ Maintain an efficient linen program
- □ Continue to improve communication between customers and the department

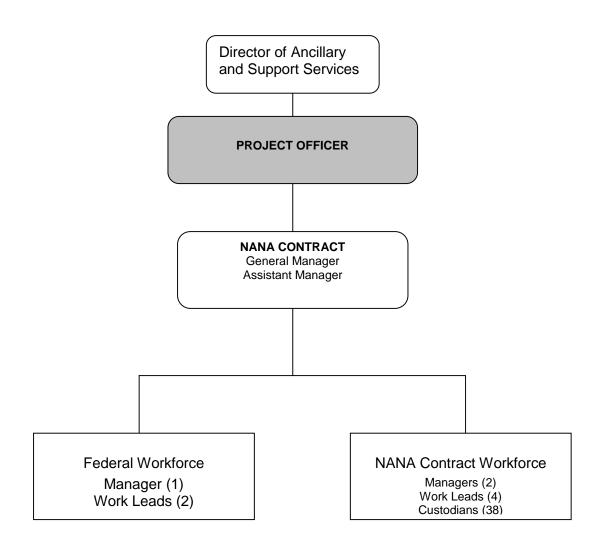
## **HOURS OF OPERATION:**

Office Hours	<u>Monday - Friday</u> 7:00 a.m 4:00 p.m.
Housekeeping	<u>Seven Days a Week</u>
Services	Available 24 hours a day

#### **STAFFING PLAN:**

Federal Staff		Contract Staff	
Executive Housekeeper	1	Housekeeping Manager	1
Work Leader	2	Assistant Manager	1
Custodial Worker	18	Work Leader	4
		Custodial Worker	38

## **MANAGEMENT STRUCTURE:**



#### **SERVICES PROVIDED:**

The Infection Control department provides two core functions; infection control and employee health services. The infection control component is responsible for managing the coordinated process to reduce the risks of endemic and epidemic nosocomial infections in patients and health care workers. This work is accomplished through surveillance tools and methodology; education; and appropriate reporting of information about infections, both internally (ANMC) and externally (public health agencies). Special emphasis is also placed on needle stick protocol, Blood borne pathogens exposure control plan, and the infection control manual. Individual case follow-up is provided as appropriate.

The employee health component is essential to a successful infection control program. A proactive and systematic approach to preventing or reducing the risk of nosocomial infections in patients, employees and visitors entails providing mandatory training, immunization clinics, respiratory protection devices, tuberculosis surveillance programs, and needle stick tracking. An employee health database is maintained to assure compliance with immunization status and tuberculosis screening.

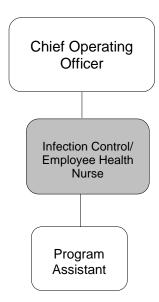
The department provides a latex allergy program for employees.

## **HOURS OF OPERATION:**

Office Hours: Monday through Friday from 7:30 am – 4:00 pm.

#### **SERVICE LINE STAFFING PLAN:**

- ☐ Infection Control Nurse 2☐ Program Assistant 1☐
- **Management Structure:**



## **SERVICES PROVIDED:**

The Information Technology Service is comprised of six core services; Network/Systems, Help Desk, Applications, Data Management, Communications, Health Information Services, Biomedical Engineering, and Library. This consortium of information related services is responsible for almost all aspects of both technical (computerized) and non-technical (paper) information management for the ANMC campus as well as significant coordination and services throughout the state of Alaska. The service provides hardware, software, applications development, telecommunications, biomedical devices and management, non-technical health information, overall systems and operations management and senior leadership level information management and strategic planning.

#### Network/Systems:

Provides installation, administration and maintenance of enterprise Windows NT servers and enterprise Local/Municipal/Wide Area Network (LAN, MAN, WAN) equipment, RPMS (IBM RISC high availability servers) MedSeries4 (AS/400 high availability servers) and ensures access to Signature RCO application. The system of functioning hardware and software must be maintained and supported 24 hours per day, 7 days per week due to its support role in providing direct medical care. Staff participates with other IRM staff in providing 24 hour per day 7 days per week emergency call service to the ANMC. During these periods of on call duty, staffs are solely responsible for insuring the normal operations of the ANMC's computer systems.

#### Areas of Responsibility

- ANMC and Area Office global computer system infrastructure.
- ANMC and Area Office LAN/WAN/MAN.
- Co-management of the Alaska WAN (with IHS), including the tracking and issuing of network addresses for Alaska sites.

#### Goals:

- Reliable, secure global computer system infrastructure with minimal downtime for ANMC and Area Office.
- □ Reliable, secure LAN/MAN with minimal network down time for ANMC and the Area Office.
- □ Reliable WAN providing adequate data transfer rates as budgets allow.
- Provide customers with accurate and cost effective solutions to technical inquiries. Provide hardware/software recommendations to enterprise customers.

#### Help Desk:

Provides technical support for ANTHC computer functions by answering trouble calls, determining resolution, documenting work done, and forwarding work orders to the appropriate team. Computer environment consists mostly of Intel based PC running Microsoft NT/2000 Workstations, Unix/web access terminals, other computer peripherals, and the IHS Resource Patient Management System (RPMS). Regular hours of operation include 12 hours on site support and 12 hours on-call support on a regular work-week, and 24-hour on-call support during the weekend and holidays.

#### Areas of Responsibility

- Provide quality customer service.
- Document problems and resolution.
- Maintenance/creation of user accounts on the NT servers and RPMS system.
- Perform first level troubleshooting, diagnosis and repair/fixes for PC, peripheral equipment and LAN related hardware and software problems.
- Provide formal training, orientation, and user liaison activities covering basic computer end-user operations.

- Provide hardware/software recommendations to enterprise customers.
- Develop training program for RPMS and office applications.

#### Goals:

- Provide improved customer support through the help desk and work order process.
- Provide quality assurance and quality control checks.
- Provide customers with accurate and cost effective solutions to technical inquires

#### **Applications:**

Provides software and applications development, implementation and support. Is responsible for mainframe systems operations for ANMC, Area, and various statewide locations and provides ANMC campus site management.

## Areas of Responsibility

- Management of the RPMS patient management system.
- Training on use of RPMS.
- Intranet/Internet development for ANMC.
- Creation of new packages and patches for RPMS.
- Interface integration support between RPMS and other systems. (i.e. Signature, MS4, Pyxis, etc.)
- Data management support for MS4
- Training for MS4
- Apply new releases to MS4.
- Data management support for Signature.
- Provide decision support in software application selection.
- Provide decision support for process design.

#### Goals:

Facilitate th	ne transition	to an	electronic	medical	record
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- Develop interfaces and related software that facilitate efforts to efficiently capture revenue opportunities.
- Improve data quality.
- Increase automation.

### **Data Management:**

Responsible for a broad range of automated transfers of clinical and administrative data/information among facilities throughout Alaska and to the Lower 48 states.

## Areas of responsibility:

- RPMS Multi-Facility Integration manage transfer of demographic and encounter data among sites, merge patient records when seen at multiple sites, ensure completeness and accuracy of data transmission.
- Medicaid eligibility provide information to facilities.
- BIA eligibility provide information to facilities.
- IHS Headquarters Core Data Set transmit data to HQ monthly.
- IHS Headquarters Statistics Reports receive and distribute.
- RPMS Manuals providing 250 manuals on the Web and CD.
- Remote RPMS Support Provide remote support and installation of RPMS packages and patches for various statewide facilities.

**Telemedicine Planning** – work with other agencies to implement telemedicine in all 235 "Federal" (including tribal) health care sites in Alaska.

## Goals

- Work with tribes and facilities to get 100% of Indians and Alaska Natives in Alaska registered via RPMS to ensure that IHS Headquarters counts our population accurately.
- Make basic information on 100% of encounters (no matter what the format) for patients within the Alaska Native health care system available: where needed but only where needed; when needed but only when needed; to the maximum extent allowed by law.
- Provide a comprehensive statewide database of Alaska Native health system encounters for use by epidemiologists and planners, managers of statewide patient registries, and for referral of patients to new facilities.
- ☐ Ensure that IHS Headquarters has complete and accurate information in order to have Alaska appropriately represented in all IHS statistics and reports.
- ☐ Facilitate the transition to an electronic medical record.
- ☐ Facilitate efforts to efficiently capture revenue opportunities.

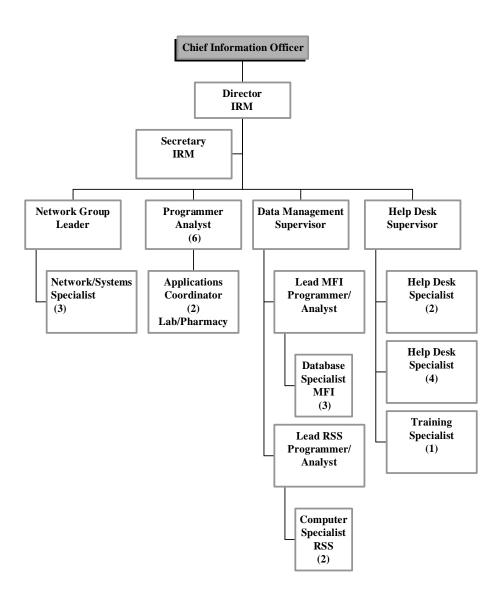
The following areas within Information Technology Services are covered in separate departmental summaries:

- Telecommunications Services
- Alaska Clinical Engineering Services (ACES)
- Health Information Services
- Library

## **HOURS OF OPERATION:**

Holp Dook Hours	Monday – Friday 7:00 a.m. – 7:00 p.m.
Help Desk Hours	After hour support 7:00 p.m. – 7:00 a.m. 24 hour a day on weekends
Systems Support	Seven Days a Week Available on call 24 hours a day

## **STAFFING PLAN/MANAGEMENT STRUCTURE:**



#### **INTERNAL MEDICINE**

### **SERVICES PROVIDED:**

The Internal Medicine Service Line (IMSL) provides Internal Medicine services for adult and geriatric patients from throughout Alaska on a consultative, scheduled appointment or non- scheduled emergent visit basis. Neurology and Dermatology services may see younger clients on a consultant basis. Patient care is provided in ANMC clinic areas, inpatient nursing units and during field visits by some Internal Medicine sub-specialists. The Service Line also provides referral services (inpatient and outpatient), telephone consultation for field providers and provides or arranges for most of the intensive care and sub-specialty Internal Medicine care for Alaska Native patients statewide.

The multiple specialties that make up the Internal Medicine Service Line include: general Internal Medicine, Pulmonology, Cardiology, Dermatology, Neurology, Hepatitis, and Diabetes. The various programs share clinic space and support services. The Internal Medicine Clinic and Inpatient Unit provide Employee Health Services as denoted by the Employee Health Program.

The service center is physically comprised of the Internal Medicine Clinic and the Inpatient Nursing Unit. The Internal Medicine Clinic is comprised of 15 exam rooms, of which one has been reassigned for patient education. The Cardiovascular services occupy three large rooms and three exam rooms within the clinic.

The Inpatient Nursing Unit on 5 east consists of 23 beds, a shared exam room, shared tub room, and shared conferencing space.

#### **CARDIOVASCULAR**

Outpatient and inpatient cardiovascular diagnostic testing is provided to the ambulatory and inpatient areas of ANMC by the Cardiovascular Testing Department (CVT), which is part of the IMSL. The Cardiovascular Testing department is located in the main clinic area where it provides cardiovascular testing procedures. These include transthoracic, transesophageal, stress, and pharmacologic stress endocardiography. The Department also performs other cardiac testing including electrocardiograms, Holter and Event monitors, and cardiac treadmill stress testing. All vascular ultrasounds, including the use of the Doppler testing are done in the lab. This includes carotid artery, extremity (venous and arterial) ultrasound, and visceral organ duplex. Ambulatory blood pressure monitoring tests are also performed. Tilt-table testing for syncope is available. EEG testing has recently been added as a testing service. Consultative services and field visits are provided throughout the state.

The Cardiovascular Testing department has a collaborative agreement with Spokane Community College, Augusta Technical Institute and Bellevue Community College for the Internship of Cardiovascular Testing students. Each student from Spokane Community College and Augusta Technical Institute spends 6 weeks in the department improving testing skills. Students from Bellevue Community College spend 6 months in the CVT department improving testing skills.

The CVT department has developed and maintains a direct access electrocardiogram (EKG) service with five distal sites in the Seward area.

## **GOALS:**

☐ To design and maintain excellent services and testing in the field of cardiovascular care improving the life of the Alaska Native and American Indian population.

## **HEPATITIS**

The Hepatitis program provides preventive treatment of viral hepatitis in Anchorage and throughout the state of Alaska and participates in various hepatitis research projects.

The Viral Hepatitis Program has two primary functions. The first is clinical research program conducting long term and short-term clinical trials for the treatment and prevention of viral Hepatitis and liver diseases. The second is conducting hepatitis clinics for the treatment and management of patients with liver disease. These clinics are conducted at ANMC and in field clinics held through out the state. In addition, the Hepatitis program physicians perform liver biopsies at ANMC for patients statewide, do inpatient consults at ANMC, and telephone consults from the field clinics.

The Director of the Viral Hepatitis Program is dedicated full time to the program and is also assigned to work with CDC Arctic Investigation Program as Guest Researcher. One other fulltime physician is on staff.

The Clinical Research activity is currently under the direction of the Community Health Director. Currently the hepatitis clinics are conducted through the Internal Medicine Service Line.

## **GOALS:**

Continue Hepatitis B maintenance program.
To determine when and if Hepatitis B vaccine booster doses will be needed by following cohorts of Alaska Natives vaccinated as infants, children and adults and conducting booster dose studies.
To study the impact of Hepatitis C in Alaska Natives and develop strategies for treatment and prevention.
To determine the effectiveness of the hepatitis vaccination program.
Continue to monitor chronic carriers of Hepatitis B with Alpha-Fetoprotein (AFP) and liver function testing.
To continue the ANTHC/CDC Hepatitis B long-term Immunogenicity studies and the newborn long-term Immunogenicity studies.
To conduct a study with CDC in Atlanta and AIP to determine the long term protection of Hepatitis A vaccination given in infants and young children.
To work with I.H.S. epidemiologist, the State of Alaska, CDC, and Native Health Corporations to develop programs to control and eventually prevent outbreaks of Hepatitis A from occurring in Alaska and in lower 48 USA communities with Indian populations.
To determine the etiology of hepatitis of unknown etiology in Alaska Natives with chronic hepatitis, cirrhosis and liver cancer not due to hepatitis A through E
To conduct a study with CDC in Atlanta to evaluate and compare the antibody response after a dose of hepatitis B vaccine among 5-6 year olds and 10-14 year old children who received a primary hepatitis B vaccine series beginning at birth.
To establish a nonalcoholic fatty liver disease (NAFLD) registry for the purposes of following the outcome of patients with NAFLD and patients with nonalcoholic steatohepatitis (NASH), determining the prevalence and cause of abnormal liver function tests in type 2 diabetics, and investigating the incidence and following the course of nonalcoholic fatty liver disease in type 2 diabetics.
To study the prevalence and outcome of autoimmune liver disease in Alaska Natives and coordinate a multicenter US study determine the usefulness of monitoring patients with autoimmune hepatitis receiving azathioprine with Thiopurine Phosphate Methyly Transferase enzyme levels and 6-Thioguaine levels to determine optimal starting and maintenance dosage
To study the outcome of chronic Hepatitis B in Alaska Natives and determine factors for liver disease progression, risk of liver cancer and develop optimal treatment strategies.
To determine if a serologic test can predict liver fibrosis stage in hepatitis B and C patients.
Develop and revise practice guidelines for viral hepatitis and other liver diseases.
Operate a website with information for patients and providers on liver disease.

## **DIABETES**

The Diabetes Program provides a team-oriented approach to comprehensive diabetes care and education with both inpatient and outpatient services at the Alaska Native Medical Center. The diabetes outpatient clinic, staffed by of a physician, nurse practitioner and nutritionist/certified diabetes educators, is available 4 days/week for patients with diabetes who need an initial evaluation or assistance with on going care issues. The clinic provides consultative services for medical providers statewide, patient self-referral, and follow-up care for patient self-management education and complication prevention. As part of a 5-year grant beginning in 1998, the Diabetes Program added foot care services through the physical therapy department provider by a certified pedorthist. Special shoes, braces and orthotics are provided through the program for patients with special foot care needs.

The diabetes clinical team also provides consultative services throughout the state at field clinics held in Barrow, Dillingham, Kotzebue, Kenai, Ketchikan, Kodiak, Metlakatla, Nome, St. Paul Island, and other facilities as requested. Continuing educational programs for medical staff are provided during these field clinics. Community Health Aide/Practitioners (CHA/P) training specific to diabetes care is given by the diabetes team in conjunction with the CHAP training program at ANMC as well as at the regional facility and the village clinic.

The Diabetes Program represents Alaskan concerns at a national level on the provision of Standards of Care for Native American and Alaska Natives with diabetes. This includes the development of protocols for medication use, culturally sensitive nutritional information, and appropriate diabetes educational materials. The diabetes team also performs quality improvement functions for the entire state of Alaska with annual diabetes chart audits of 27 parameters of health care delivery. This information provides feedback to regional facilities on care that their patients with diabetes are receiving and helps identify area for quality improvement initiatives. Epidemiological information on diabetes and its complications in Native Alaskans is maintained through a comprehensive diabetes tracking systems.

## **GOALS:**

Provide comprehensive clinical care and diabetes nutrition/education that ensures patients with diabetes receive the standards of care recommended by the American Diabetes Association and the Indian Health Service.
 To promote comprehensive care of patients with diabetes at health care facilities around Alaska through provider education and consultative services
 To promote the training of CHA/Ps in the prevention and treatment of diabetes in their villages.
 To reduce rate of diabetes - associated foot complications and amputations through aggressive foot care services including consultations, high-risk foot clinics and provider education.
 To create culturally appropriate patient educational materials that incorporate subsistence foods,

Native American traditional and encourage healthy life styles for diabetes prevention.

☐ To promote clinical education and development for all staff.

## **INTERNAL MEDICINE**

## **GOALS:**

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Improve patient satisfaction by providing care in a convenient and fully accessible manner with minimal waiting.
Improving the processes to provide a continuity of care for all patients accessing the Internal Medicine Clinic.
Improve field colleagues' satisfaction by providing prompt and courteous responses to their needs.
Improve patient care by improving communications with satellite facilities.
Improving the current programs that demonstrate respect and appreciation of the Alaska Native and American Indians and their culture.
Improve employee satisfaction by providing a work environment, which promotes the respect and dignity of our coworkers.
Develop a health care delivery program, which promotes health, wellness and disease prevention; utilizing diversity, creativity, excellence, efficiency and economy.
Continue improvement of patient satisfaction within the Inpatient Internal Medicine Unit.
To support the shared governance nursing model as the framework for professional practice within Nursing Services.
To promote a work environment which values nursing excellence, proficiency in the application of professional nursing practice and patient advocacy.
To promote clinical education and development for all staff.

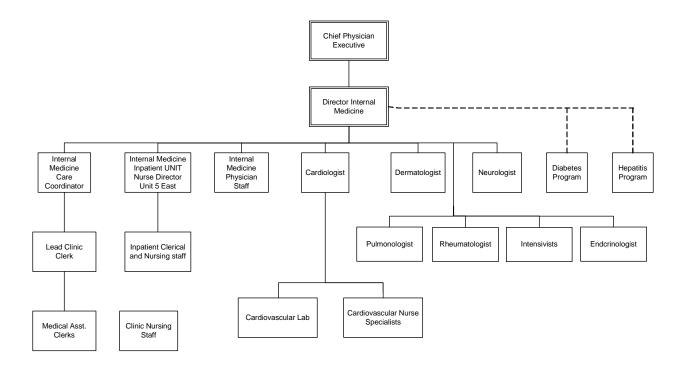
# **HOURS OF OPERATION:**

Internal Medicine Clinic	Monday - Friday 8:00 a.m 5:30 PM.
Diagnostic Cardiovascular Services EKG – Service All other testing Vascular ultrasound services	Monday – Friday 7:30 AM – 5:00 PM 8:00 AM - 5:00 PM On call 7 days per week, 24 hours a day
Diabetes Clinic	Tuesday 1:00 PM - 4:30 PM Wednesday 9:00 AM - 12:00 PM Thursday 9:00 AM - 4:30 PM Friday 9:00 AM - 4:30 PM
Office Hours	Monday – Friday 8:30 AM to 5:00 PM.
Inpatient Unit	7 days per week, 24 hours a day

# **SERVICE LINE STAFFING PLAN**

CLINIC STAFFING		INPATIENT NURSING	
Internal Medicine	0	Registered Nurses	
Internists	8	Full time	15
Intensivists	1	Part time Intermittent	6 5
Pulmonologist	.5	Patient Service Assistant	7
Dermatologist Neurologist	6 1	Medical Assistant	3
Rheumatologist Endocrinologist	6.5 3	LPN	1
Nurse Supervisor Nurse Specialist (Case Mgr.)	3 1	Director (Position shared with Med/Surg 5 West)	1
Licensed Practical Nurse Patient Service Assistant.	4 1	Admin Support (position shared with Med./Surg 5 West)	1
Lead Medical Assistant Medical Assistant		Clinical Nurse Manager	1
Secretary		Patient Observer (Intermittent) For hospital-wide use	8
Cardiovascular Program		Diabetes Program	
Cardiologists	2	Physician	1
Registered Nurses	2.5	Nurse Practitioner	1
Echocardiographer/Ultrasound	3	Public Health Nutritionist	1 1
Cardiovascular Technicians Secretary	3 1.5	Secretary	
Hepatitis Program			
Nurse Practitioners	1		
Registered Nurses	6		
Computer programmer	1		
Program Assistant Physician	1.5		

## **MANAGEMENT STRUCTURE**



#### LIBRARY SERVICES

#### **SERVICES PROVIDED:**

The Library Collection consists of journals (print and electronic), texts (print and electronic), videos, and computers; providing access to knowledge based health information Alaska Native Health Campus (ANHC) employees and consumers.

Only ANHC employees may be check out circulating books and videos. Patients and their families may use these resources within the library, but may not check them out.

Journals may not be taken out of the library; articles may be photocopied for personal use, educational use, or research within the limitations of the Copyright Law. A photocopy machine is provided for this purpose.

Inter-Library Loan (ILL) and Document Delivery services are provided by the ANMC Library to all ANHC employees. This service provides access to copies of journal articles and loan of books from the collections of UAA-HSIS and other Health Science Libraries within the United States.

Three computers within the library provide access to the ANHC Intranet, the World Wide Web, Microsoft Office Programs, and CD-ROM programs. A fourth computer provides access to a scanner and CD Writer. All four computers are connected to a network printer; they are available for use by staff and consumers, on a first come, first served basis.

A TV/VCR with headphones, audiocassette player with headphones, and slide projector/monitor are also available for use by staff or patients within the library.

The Librarian is available to staff and consumers for answering reference questions, doing literature searches, providing assistance with locating library resources, providing instruction in database and Internet searching, and ordering articles and/or books not available in the ANMC Library.

## **GOALS:**

- ☐ To provide rapid access to up-to-date knowledge based information resources via the ANMC Library Collection, the Internet, or the collections of resource libraries throughout the country.
- ☐ To provide ANMC employees with 24 –hour a day access to the library's collection.
- To provide patients and their families with access to the collection and access to librarian assistance during regular hours of operation.

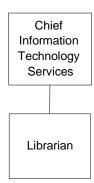
# **HOURS OF OPERATION:**

Library	Monday-Friday 8:00a.m 4:30 p.m.
	After Hours Keypad Door-lock or Call Security
Librarian	Monday-Thursday 7:00 am – 5:00 p.m.
	Every other Friday 8:00 am – 4:30 p.m.

## **SERVICE LINE STAFFING PLAN:**

□ Librarian 1

# **MANAGEMENT STRUCTURE:**



#### MATERIALS MANAGEMENT

### **SERVICES PROVIDED:**

The Materials Management department provides for several major functions at the Alaska Native Medical Center. The Materials Management staff is dedicated to the effective management and distribution of supplies, equipment and mail for the medical center and primary care clinic.

- Property Management is responsible for coordination and standardization of new asset acquisition as well as the receiving, inspecting and distributing of new assets entering the facility. Property Management is also responsible for the redistribution of equipment assets that may become unserviceable or are excess to the needs of the organization.
- Materials Management has been delegated procurement and contracting authority not to exceed \$50,000. This procurement authority includes but is not limited to program support items, supplies and equipment items for all ANTHC departments. The monthly average for procurement activity continues to be approximately \$400,000.
- Materials Management staff performs the monthly validation of the ANTHC credit card usage. Approximately 125 credit care holders report their usage to Materials Management for their review.
- The mailroom receives, sorts and distributes all incoming mail for ANMC and the primary care clinic and processes outgoing mail and parcels. The Mail Room staff handles over 500,000 individual pieces of incoming mail on an annual basis.
- Materials Management is responsible for management of contracts for copy machine maintenance, purchase of medical gases and rental of special care beds. The annual total cost of these three contracts averages \$350,000.
- Coordination with all departments for office product requirements is accomplished via a local prime vendor contractor through Materials Management. This contract provides for electronic ordering with the next day desktop delivery.

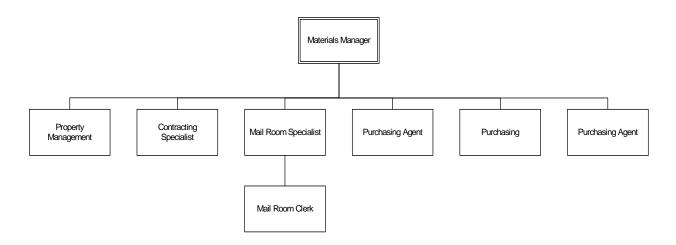
## **GOALS:**

	Accept title from the Federal Government for equipment in out facilities valued at well over \$25M
0	(This has been accomplished)  Complete annual inventories for all equipment located on the ANTHC campus and maintain an accurate automated inventory of these assets.
	Provide the Financial Manager a report for the value of depreciated equipment for Medicare purposes. Delete
	Develop a 5-year equipment plan for all medical equipment located at ANMC.
	Enhance the procurement responsibilities and obtain sufficient training for staff in the area of procurement and contracting.
	Redesign the daily operations for the ANMC mailroom. Improvements should focus on providing a higher level of service and utilizing fewer man-hours to accomplish the task at hand.
HOURS	S OF OPERATION:

Office Hours: Monday through Friday from 7:30 am – 4:30 pm.

# **STAFFING PLAN:**

Materials Manager	1
Lead Property Management	1
Purchasing Agents	3
Mailroom staff	2



#### MEDICAL NUTRITION AND FOOD SERVICES

## **SERVICES PROVIDED:**

The mission of the Alaska Native Medical Center Nutrition Therapy and Food Services Department is to participate in a team approach with health care providers at ANMC to elevate the health status of the Alaska Native and American Indian people to the highest possible level. The role taken by this department is to strive to provide a comprehensive nutrition program as a part of the total individual care. This is accomplished by providing meals that are wholesome, nutritious, attractively served, palatable, therapeutically correct and culturally acceptable. The department also provides education to meet a patient's individual and lifestyle needs.

### **MEDICAL NUTRITION THERAPY**

The mission of Medical Nutrition Therapy is to participate in a team approach with health care providers to elevate the health status of the Alaska Native and American Indian people to the highest possible level. The department is committed to meeting the nutritional needs of our patients, employees and community by providing nutritious and palatable meals, which are attractively served, therapeutically correct and culturally acceptable.

Clinical dietitians staff the Medical Nutrition Therapy program where they provide screening/assessment, monitoring of in-patients and nutritional education (to both patients and family members). Primarily this service is focused on assessing nutritional risk of ANMC inpatients and developing and implementing nutritional care plans within a multidisciplinary care management approach. They provide medical nutrition therapy for Quyana House residents as required. Care is provided to geriatric, adult, pregnant and lactating women, pediatric and neonatal patients.

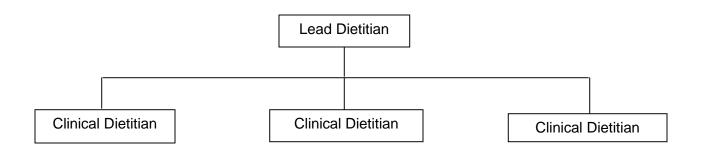
#### STANDARDS AND GUIDELINES FOR PRACTICE OF MEDICAL NUTRITION THERAPY

- American Society of Enteral and Parenteral Nutrition Standards of Practice
- Escott-Stump Nutrition and Diagnosis Criteria
- Medical Nutrition Therapy Procedures specific to ANMC
- American Dietetics Association Manual

## **GOALS:**

Improve nutritional assessment screening and monitoring through use of visceral protein markers
resulting in improved outcomes at a lower cost.
Use nutritional protein markers to identify and code patients at risk for protein calorie nutrition for
reimbursement purposes.
Credential Dieticians as Certified Nutrition Support Specialists through ASPEN
Development of a Nutrition Support Team
Streamline nutritional formulary

# **SERVICE LINE STAFFING PLAN:**



# **GOALS FOR FOOD SERVICES:**

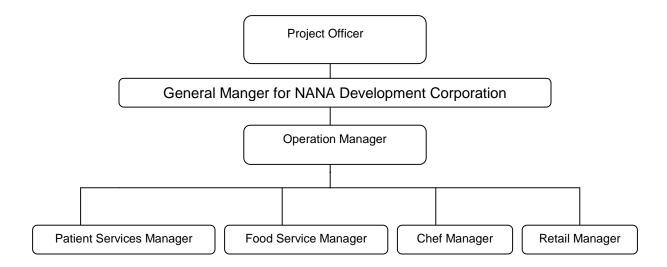
- ☐ Increase patient satisfaction as measured by the NSG survey on food service.
- □ Provide efficient, cost effective and nutritious meal service to the public.
- ☐ Increase staff satisfaction with the meals being served.
- ☐ To provide a healthy, happy, & highly efficient workplace.

# **HOURS OF OPERATION:**

Cafeteria Hours	Seven Days a Week
	7:00 a.m 7:00 pm
Patient Meal Service Hours	7:20 a.m. – 6:00 pm

# **STAFFING PLAN:**

Federal Employees		Contract Employees	
Utility Workers	2	General Manager 1	
		Contract Managers	5
		Cooks/Bakers	9
		Café employees	12
		Utility Worker	14
		Diet Aide	3



## **MEDICAL STAFF OFFICE**

## **SERVICES PROVIDED:**

#### Mission

The Medical Staff Office supports the mission of the Alaska Native Medical Center by:

- Providing support to the medical staff, it's president and committees
  - Maintaining medical staff by-laws, rules and regulations
  - Generating and maintaining Performance Improvement Committee, Medical Executive Committee, and Provider Health and Wellness meeting minutes.
- Performance of medical staff credentialing functions
  - Primary verification
  - Database Queries
  - Provider Credential Files
  - Reference checks
  - Regulation compliance
  - Memorandum of agreement/Centralized Verification Organization credentialing contracts
  - Reappointments
- Performance of medical staff enrollment in third party billing programs
  - Application assistance
  - Primary verification
  - Record Maintenance
  - Regulation compliance
  - Provider Education
- Systems Data Management
  - Maintain Credentialing Software
  - Maintain provider files in RPMS, MS4, Signature

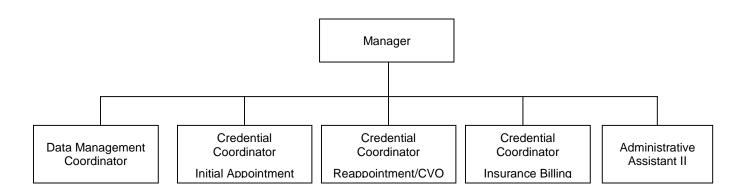
The Medical staff office is located on the second floor, west wing of the main hospital building. Credential files and other pertinent documents are maintained in locked cabinets.

#### **HOURS OF OPERATION:**

Office Hours: Monday through Friday from 7:00 am – 7:00 pm.

# **SERVICE LINE STAFFING PLAN:**

ш	Manager	ı
	Data Management Coordinator	1
	Credentials Coordinator	3
	- Initial Appointment	
	- Reappointment/CVO	
	- Insurance Billing	
	Administrative Assistant	1



#### MEDICAL SURGICAL NURSING UNIT

#### **SERVICES PROVIDED:**

The Medical-Surgical Unit, located on 5 West at the Alaska Native Medical Center, provides adult inpatient nursing care for the following patient service centers: Women's Health, Otolaryngology, Ophthalmology, Internal Medicine, Dental and Family Medicine. As dictated by patient bed status, patients from the Surgical or Orthopedic service centers may be cared for on this unit. Additionally, when beds are unavailable in the Pediatric unit, pediatric patients are also cared for on this unit. The unit provides Employee Health Services as denoted by the Employee Health Program.

Additional services decentralized to this unit are point of care phlebotomy, point of care EKG, patient education and collaboration with the service centers for discharge planning. Case management is coordinated with the admitting service center's case manager and responsive to the patient's needs.

The nursing unit is physically comprised of 23 beds, a shared examination room, shared tub room and shared conferencing space.

#### GOALS:

Continue improvement of patient satisfaction within the Medical-Surgical Nu
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- Improve employee satisfaction by providing a work environment, which promotes the respect and dignity of coworkers.
- ☐ To support the shared governance nursing model as the framework for professional practice within Nursing Services.
- To promote a work environment which values nursing excellence, proficiency in application of professional nursing practice and patient advocacy.
- □ To promote clinical education and development for all staff.

#### **INITIATIVES: PAST/ CURRENT/ FUTURE**

Major initiative during the past two years:

Nursing Retention and Recruitment activities through the Nursing Management Council. Attained Magnet Designation

#### Future aims:

Professional nursing staff will strive for national certification in Med/Surg or other areas as appropriate.

Optimal pain management for patients

Further development/implementation of unit based shared governance structure And activities.

Active participation in development of a theory-based documentation system that will be used through out the continuum of care for the patient.

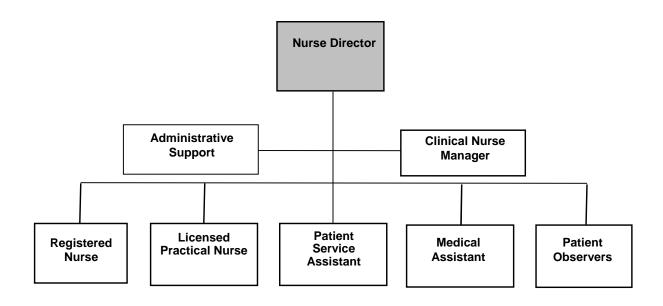
Implementation of improvement activities such as discharge planning, falls and skin breakdown prevention.

# **HOURS OF OPERATION:**

Unit Hours: Open 7 days a week, 24 hours a day.

# **SERVICE LINE STAFFING PLAN:**

Director	1	(This is a shared position with the Medicine Unit - 5 East.)	
Administrative Support		(This is a shared position with the Medicine Unit – 5 East.)	
Clinical Nurse Manager	1	Patient Service Assistant	6
Registered Nurse Fulltime Part-time Intermittent		Medical Assistant	3
		Patient Observers (Intermittent) For hospital-wide use	8



## OPHTHALMOLOGY PATIENT SERVICE CENTER

#### **SERVICES PROVIDED:**

The Ophthalmology Patient Service Center provides comprehensive scheduled and non-scheduled emergency ophthalmic consultative care for newborns through adulthood for beneficiaries throughout Alaska. Specialty consult services are provided periodically at Barrow, Kotzebue, Nome, Bethel, Dillingham, Ketchikan, Klowak, Kodiak and Sitka. Ophthalmology participates in the Federal Health Care Partnership Program along with Elmendorf and VA Medical Centers. The service supports medical student rotations.

The Service Center clinic is physically comprised of four eye lanes, a screening room, a special testing room, a laser room, and an office cubicle. A registration/check in desk is shared with ENT and Audiology services and is supervised by an employee appointed by the surgical services medical director.

Office procedures performed within the eye clinic include formalized visual field testing, fluoresecein angiography, laser eye surgery, pre-operative evaluation including phlebotomy, and minor surgical procedures to provide comprehensive ophthalmic care.

Surgical procedures are routinely scheduled for Tuesdays and Thursdays. Comprehensive eye surgery is provided with the exception of major retinal and corneal refractive surgery.

The inpatient unit on 5 West provides inpatient services for Eye, ENT, GYN, Dental and Family Medicine Service Centers. The unit consists of 23 beds, a shared exam room and shared conferencing space. The Service Center is supported by the Surgical Support Center consisting of the ambulatory surgery center and the eight room-operating arena.

#### GOALS:

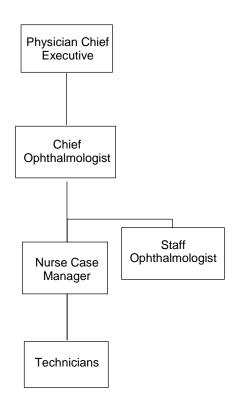
Minimize wait time for patient appointments, while ensuring access by priority through a triage mechanism.
Maximize clinic efficiently to improve access.
Insure that the consultative needs of other ANMC services and the 12 Alaska bush optometrists are met.
Ensure excellent customer service while adhering to the mission statement of the eye department.
Maintain adequate staffing
Maintain cooperative on-call agreements with the Federal Partners.
Replace departing Administrative Support Staff

# **HOURS OF OPERATION:**

Ophthalmology Clinic	Monday - Friday 8:00 a.m 4:30 p.m.	2-3 Ophthalmologists
	Mon-Fri	Shared among 4-5 Federal
Ophthalmology On Call	24 hour per day 365 days per year	Ophthalmologists
Operating Room	Tuesday and Thursday	and as arranged
Inpatient Unit	24 hours a day, 7 days a week	

# **STAFFING PLAN:**

Ophthalmologists	2.5
Optometrists	0
Ophthalmic/or Optometric Technician	2
Nurse Case Manager	1
Administrative Support	1
Office Manager (future)	1
Clerk	1



#### **SERVICES PROVIDED:**

The Orthopedic Patient Service Center provides comprehensive management of orthopedic trauma, sports medicine, specialized hand, general orthopedic, pediatric orthopedic, adult and pediatric reconstructive care. Subspecialty care is provided on a contractual basis by Seattle-based pediatric specialists semiannually. Orthopedic spinal specialists provide volunteer services quarterly, this includes evaluations and surgery.

The Orthopedic surgeons serve the Alaska Service Units by providing 38 field clinics a year. The surgeons see patients at the Service Unit hospitals and clinics for 3-5 days per clinic. At the field clinics, the physicians evaluate patients, schedule surgeries and provide follow-up care for patients that have had surgery in the past. Generally, a field clinic will generate between 12-18 surgical referrals.

Patients also come from the field that require further diagnostic tests that are unavailable in rural Alaska. These patients may have visits to orthopedic brace shops, physical therapy, bone scans or consults with specialists outside Alaska. The Orthopedic Service also provides field clinics to Kodiak staffed by the Orthopedic Physician Assistants four times a year. Teleradiology consultative services are provided for rural Alaska hub facilities. The Service also has on call physicians and PA's to provide telephone consultative services throughout the Alaska area 24 hours a day.

The Service Center clinic is physically comprised of eight (8) exam rooms, and a cast room. The teleradiology unit is located in the conference room. Special procedures performed within the orthopedic clinic include PICC line insertion, pin/hardware removal, intra-articular steroid injections, closed reductions of fractures, IV therapy and casting. Point of care services is the standard of practice in the delivery of our patient care. Phlebotomy, EKG, pre-op teaching and admitting services are completed both in the clinic and on the unit.

The orthopedic inpatient unit consists of 23 beds, including an equipment/storage room, shared exam room, tub/whirlpool room and conference room on the 4<sup>th</sup> floor.

The Service Center is supported by the Surgical Support Center consisting of the Ambulatory Surgery Center and an eight (8) room operating arena. The Physical Therapy Department provides support services and consists of testing and fitting areas, a gymnasium, hydrotherapy room and occupational therapy center.

### GOALS:

To provide world class orthopedic care reflecting the mission and vision of the Alaska Native Medical Center and Alaska Native Tribal Health Consortium. Minimize patient waits for appointments and elective surgery. Maximize patient convenience and ease in accessing care through clinical care coordinators (CCC's). The CCC functions as a patient liaison facilitating orthopedic care from the field to the hospital visit and through discharge and follow-up. Maximize third party reimbursement. Complete all MSP in the clinic at the time of visit and within 24 hrs for inpatient admission. Maximize resource utilization through leveraging the work. The service uses the appropriate level of provider for the work to be accomplished. Continue improvement of patient satisfaction within the service center by providing consistent educational instructions, information, continuity of care and point of care patient satisfaction surveys. Resolve any customer complaints at the point of care. Immediate resolution to be handled by the staff and/or management. Any issues not resolved at the clinic or inpatient unit level will be referred upward.

Support Shared Governance Nursing model as the framework for professional Nursing practice.

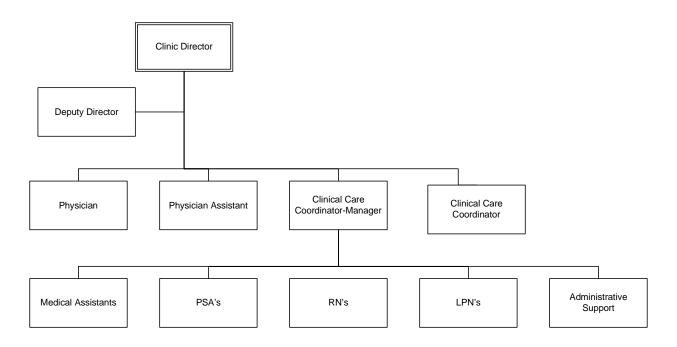
- Promote a collaborative work environment to facilitate Medical and Nursing excellence in providing quality of care to our patients by researching, revising and integrating focus interventions for the Fall Prevention Program.
- Provide unit based employee health program with service provided to service departments assigned.
- Improve the well being of our staff by offering alternative methods of stress management inhouse.

# **HOURS OF OPERATION:**

Orthopedic Clinic	<b>Monday – Friday</b> 8:00 am - 4:30 pm	4 Providers  Per ½ day, combination of  PA and MD
Office hours	8:00 am - 4:30 pm	20 minute appointments
Inpatient Unit	24 hours, 7 days a week	

# **SERVICE LINE STAFFING PLAN:**

Clinic Staffing Inpatient Nursing			
Physician's	7	RN's	15
Physician's Assistant	5	LPN	1
Clinical Care Coordinator	4	Patient Service Assistant	8
RN	0	Clerk	3
Patient Service Assistant	5	Nurse Manager	1
Administrative Support III	1		
Administrative Support II	3		
Clerk/Medical Assistant	4	Administrative Support	1
LPN	1		



#### OTOLARYNGOLOGY PATIENT SERVICE CENTER

### **SERVICES PROVIDED**

The ENT Service Center provides comprehensive otolaryngology for pediatric, adult and geriatric patients from throughout Alaska on a consultative, scheduled appointment or non-scheduled emergent visit basis. Patient care is provided at ANMC or through field visits. The service provides 45 field clinics, averaging 4 days per visit. ENT resident, family practice resident and health aide training are a component of the service line.

The Service Center is physically comprised of six (6) exam rooms at ANMC. The inpatient unit on 5 West provides inpatient services for Eye, ENT, GYN, Dental and Family Medicine Service Centers. The unit consists of 23 beds, a shared exam room and shared conferencing space. The Service Center is supported by the Surgical Support Center consisting of the ambulatory surgery center and the eight (8) room operating arena.

ENT surgical care provides 1500 operative procedures yearly. Special procedures performed within the ENT Clinic include sinus and upper airway endoscopy, myringoplasty, ventilation tube placement, palatoplasty and minor facial plastic surgery. Special audiometric studies performed are newborn screening, electronystagmography (balance test) and auditory brainstem response evaluations. ENT participates in the Federal Partnerships agreements. Process improvement projects have resulted in minimization of patient movement by bringing services to the patient through assumption of admitting and phlebotomy in the clinic. Telemedicine technology has been incorporated to augment patient education and photo documentation in clinic, and to provide consultative services to patients at distant sites. Direct referral processes and telemedicine increasingly allow for patients to receive an opinion from an ENT specialist without leaving their village and to receive surgical care without making additional trips for an assessment. ENT is an early participant in Advanced Specialty Access. Same day service for appointment is increasingly available and waiting times for elective surgery are decreasing.

# **GOALS:**

- Improve field health coordination with immediate booking of field surgery cases, RN telephone screening and troubleshooting of pre-op patients and improved post-op follow- up.
- Utilizing the participation in the strategic for initiative program, to provide better communication between patients and providers.
- Develop telemedicine to improve access to care and consultative ENT service. Develop telemedicine as at least a cost neutral service.
- Provide same day access for requested appointments
- Provide access for elective surgery with a waiting time of no more than 5 (five) working days
- Improve physician retention

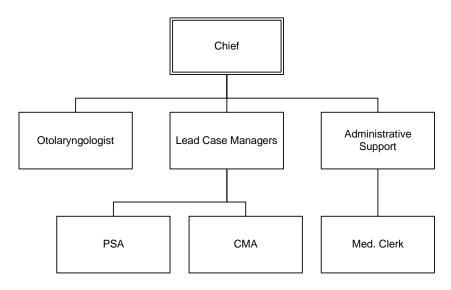
# **HOURS OF OPERATION**

ENT Clinic	<b>Monday - Friday</b> 8:00 a.m. – 4:30 p.m.	2-3 Providers
Receptionist	<b>Monday – Friday</b> 7:30 a.m 4:30 p.m.	
Operating Room	<b>Monday – Friday</b> 7:45 a.m. – 5:00 p.m.	

# **SERVICE LINE STAFFING PLAN**

CLINIC STAFFING			
Otolaryngologist	6	Office Manager	0
Case Manager Asst	2	Secretary (1ENT)	1
RN Case Manager	4	Receptionist**	4
Resident	1	PSA	3

<sup>\*</sup>Shared positions with Eye Service line.
\*\*Shared with Eye, ENT, Optometry



# **SERVICES PROVIDED:**

The Alaska Native Medical Center (ANMC) Patient Financial Services is responsible for billing and collecting for medical services performed on the ANMC campus for patients who are covered by third party payers, including Medicare, Medicaid, private insurance as well as Workers Comp and third party liability. The functional areas include Medicare and Medicaid team, private insurance team, insurance verification and accounts receivable group.

The Patient Financial Services is located at 4201 Tudor Center Drive.

## **GOALS:**

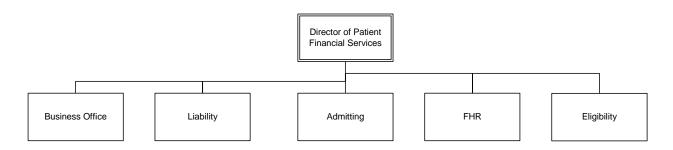
To appropriately authorize, bill and collect revenue for care provided to patients at ANMC as the
Central Patient Financial Services for ANTHC and SCF.
To collect \$91.3 million for fiscal year 2003.
To continuously improve the revenue process by reducing costs as we increase productivity,
while complying with all regulatory requirements.
Reduce days in accounts receivable.
Continue implantation and refinement at operations on MS4 and Signature.
Raise departmental level of certified professional coding.
Continuous improvement of ANMC revenue cycle.

## **HOURS OF OPERATION:**

Office Hours: Monday through Friday from 6:00 am – 1:00 pm.

#### **STAFFING PLAN:**

		Manager of Clinical Information	1
Director, Patient Financial Services	1	Supervisor, Private Insurance	1
Billing Specialist	17	Charge Entry	10
Payment Posting Specialists	7	Clinical Data Entry	10
Insurance Follow-up	8	FHR	15
Administrative Support	2	Admitting	11
Eligibility Manager		Manager of Patient Accounts (Signature)	1
		Health Systems Specialists (MS4)	1



#### **SERVICES PROVIDED:**

The Physical Therapy department provides comprehensive evaluation and treatment for patients in the Anchorage Area as well as patients from around the State of Alaska. Types of cases seen include patients with acute and chronic neurological pain, orthopedic and arthritic problems, a wide variety of wound care, and ongoing care for diabetic patients. Ergonomic workstation reviews are done for hospital employees

The core activities performed by physical therapists are evaluating physical dysfunction and providing treatment to restore the patient's quality of life. Evaluation is accomplished through the administration and interpretation of tests and measurements of body function and structure. These tests and measures include but are not limited to nature and locus of pain and conditions which effect pain, muscle strength, joint mobility and stability, locomotor skill, stability and endurance, posture and body mechanics, reflexes, peripheral nerve integrity, electromyography and nerve conduction studies, vital signs, assessment of wounds, skin disorders and thermal injuries, activities of daily living, ergonomic review of work stations, fit, function and comfort of prosthetic/orthotic devices as well as other assistant devices.

Treatment is accomplished through the planning, administration, evaluation and modification of treatment techniques aimed at restoring the patient's quality of life. Patient and family instruction and education are routinely provided. Procurement of prosthetic/orthotic as well as wheelchairs and other self-help devices is routine. Physical agents may be used and include but are not limited to: heat, cold, water, sound, UV light, compression and electricity. Physical measures, activities and devices used for preventative and therapeutic purposes include but are not limited to: passive, active, and resistive exercises, positioning, balance and locomotion training, posture correction, functional activities with or without assistant devices, joint and spinal mobilization, static or dynamic splinting, manual and mechanical spinal traction, iontophoresis, TENS application for pain, soft tissue techniques (massage, myofacial, trigger point release, and various osteopathic administrations), wound care, debridement and dressing application, foot and nail care, orthotic fabrication and adjustment, custom or accommodative footwear and mechanical or electrical muscle stimulation. The department provides educational classes for cases of urinary incontinence in conjunction with Women's Health Clinic.

Providers conduct field clinic visits, averaging 12 trips/year. Patients are seen for follow-up care after being seen at the ANMC Medical Center as well as for primary referrals from field hospitals.

The Physical Therapy Department is comprised of seven (7) exam/treatment rooms, a large gym/rehabilitation area, as well as a hydrotherapy room and office space. There are two "quiet rooms" which are used by PT and SLP for certain evaluations and treatments. This department is located on the first floor, west wing of the ANMC Medical Center.

**Special tests** performed within the Physical Therapy department include Electromyography and sensory and/or motor Nerve Conduction Studies. The Speech-Language Pathologist does swallowing studies utilizing video fluoroscopy in Radiology.

**Speech/Language Pathology** (SLP) evaluation and treatment is also available through the department. Medically related speech pathology services include the areas of speech, language, communication and swallowing.

**Occupational Clinic:** OT evaluation and treatment is also available through the Physical Therapy department. At this time, this service is limited to inpatients, and outpatients are seen on a special needs basis.

# **GOALS:**

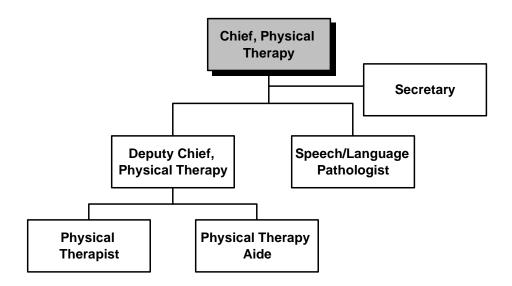
- Develop process to mitigate the costs expended in Contract Health dollars by procuring wheelchairs at VA contract prices, for issuance to patients, to avoid high local costs.
- Continue to monitor workload data in order to insure the maintenance of levels of service to both ANTHC and SCF.
- Pursue CME to enhance expertise in foot care, to help answer problems associated with the increasing numbers of diabetic patients in Alaska. One of our therapists is now a certified Pedorthotist.
- Pursue CME to gain specialty certification in the areas of Electrophysiological examination and women's health. This Goal has been met, we now have a Board certified therapist in Clinical Electrophysiological Physical Therapy and a therapist who has completed a postgraduate course work in women's health.
- New goals include:
  - Expansion of the Occupational Therapy and Speech pathology staff so that outpatient needs can be met.
  - Expansion of the Physical Therapy staff to help keep pace with referrals.

### **HOURS OF OPERATION:**

	Monday - Friday	
ANMC Clinic	8:00 a.m 6:30 p.m. Weekend Coverage 8:00-4:30 on a limited basis	
Occupational therapy Clinic 40 Hrs/ week	<b>Monday-Friday</b> 8:00 am -4:30pm	
Speech and Language Services	Monday – Friday	
Special deal of Sangaran	8:00 a.m. – 4:30 p.m.	

#### **STAFFING PLAN:**

Physical Therapist	7
Physical Therapy Aide	3
Admin Support	2
Speech Pathologist	1
Occupational Therapist	1



### **SERVICES PROVIDED:**

The ANMC Public Relations Department (the Department) serves as the official department for ANMC in response to inquiries and/or requests from and distribution of press releases/advisories to the media about the organization's personnel, programs, services, and policies. The Department coordinates the interaction with the media for the purpose of providing correct factual information and protecting patient's privacy and confidential according to HIPAA guidelines. Types of media contact include international, national, state, local, private, and tribal.

The Department serves as the contact point and coordinator of all official visits and/or tours of the ANMC -- including but not limited to those by the media, dignitary, tribal members, education, medical providers, and public. Coordination through ANMC Administration and/or with public relations of tribal owners – Alaska Native Tribal Health Consortium (ANTHC) and Southcentral Foundation (SCF) -- for media and/or visits/tours will be done when necessary.

The Department provides consultation and editorial technical assistance services to ANMC program staff, which may include the Department interacting with external organizations. Methods of communication with ANMC's external customers and the public used include television, radio, website, PowerPoint presentations, displays, and printed materials.

Work with other agencies in local, state, national, and/or international activities such as conventions/conferences, solicitation, charity drives, civic celebrations, awards, and other recognition activities on behalf of ANMC.

#### GOALS:

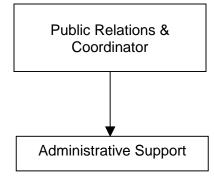
- Assess current (and future) activities/projects and organize them in accordance with core competencies, which then becomes a work plan for the Department that ties back to the ANMC Organizational Improvement Plan.
- ☐ Establish and implement performance measures for the Department's activities with Quality Improvement Coordinator with approval by Supervisor.
- Maintain the quality of products
- Revise and update the ANMC Media Policy and Procedures (specifically the Patient Release of Information guidelines and form) to comply with the HIPAA guidelines.

#### **HOURS OF OPERATION:**

Office Hours: Monday through Friday from 8:00 am – 5:00 pm.

## **SERVICE LINE STAFFING PLAN:**

□ Public Relations Coordinator 1□ Administrative Support 1



#### **QUALITY RESOURCES**

#### **SERIVES PROVIDED:**

Accreditation Standards Compliance

- Consultation related to accreditation compliance is available to all departments and disciplines within the Medical Center.
- Educational Programs related to current JCAHO standards are provided to members of the workforce.
- Policy and procedures reviews are coordinated at least every three years. The policies are reviewed for compliance with current accreditation and regulatory standards.
- The department coordinates announced and unannounced accreditation survey activities.
- Members of the department coordinate HCFA quality of care inquiries and investigations.

# Continuous Quality Improvement

- The Quality Resources Department coordinates quality improvement methods and tools training for ANMC staff. Departmental staff provides team facilitation and staff support for process design and improvement projects.
- Performance Measurement and statistical analysis are provided by Quality Resources. Measurement
  and data related to key clinical, business and strategic processes are compiled, analyzed and
  presented by Quality Resources staff. Some data is transmitted to external comparative databases to
  benchmark ANMC's performance against other similar organizations. Computerized performance
  measurement systems are developed, tested, implemented, and maintained by the department's
  programmer analyst.
- QR staff conducts customer satisfaction and needs assessments. Data from these surveys are
  analyzed and presented to all levels of the organization for the purpose of improvement. Customer
  complaints are investigated, compiled, and reported by Quality Resources staff on an ongoing basis.
  Investigations of the complaints are conducted and resolutions of the problems are made whenever
  possible.

### Alaska Native Medical Center Leadership Staff Support

Quality Resources Department provides staff support and coordination services to the Administrator and senior management for organization wide projects. Services include team facilitation and leadership, data support, and project coordination.

#### MISSION:

The Quality Resources Department, under the direction of the Director of Organizational Development, supports the mission of the Alaska Native Medical Center by:

- Assisting in the implementation of processes to monitor, evaluate, and improve the quality and value of services offered at the Alaska Native Medical Center.
- Assisting all Alaska Native Medical Center staff in meeting or exceeding the requirements of external regulators.
- Providing support, education, and consultation in the areas of continuous quality improvement, medical staff affairs, risk management, and accreditation compliance.
- Monitoring patterns of clinical resource utilization to improve the efficiency of, and ensure appropriate reimbursement for, health care services.

**HOURS OF OPERATION:** Office Hours: Monday through Friday from 8:00 am – 4:30 pm.

#### **SERVICE LINE STAFFING PLAN:**

Director, Organizational Development	1	Computer Programmer	1
Nurse Specialists	1	Administrative Asst III	3
Computer Programmer/Analyst	1	Administrative Asst IV	2

#### **QUYANA HOSPITALITY SERVICES**

## **SERVICES PROVIDED:**

Quyana Hospitality Services provides a consortium of guest and patient service related activities, i.e., the Quyana Hospitality House, ANMC Patient Travel Program, and the Airport Kiosk.

- Quyana Hospitality House is a 108 bed-lodging unit established for ambulatory patients and their escorts who live outside of Anchorage and require services at ANMC.
- The ANMC Patient Travel Program services include both air and ground transportation to and from Anchorage.
- The Airport Kiosk is responsible for assisting patients and/or their escorts with ground transportation, air transportation, and lodging issue prior to them arriving at ANMC. They also escort and/or meet patients that require a little extra assistance at the gate.

The patient criteria for receiving housing and transportation services are in alignment with the ANMC Patient Travel and Housing Services policy, which is reviewed annually.

#### MISSION:

Quyana Hospitality Services is here to provide lodging, travel and supportive services in a caring environment for families receiving medical care away from home.

# **GOALS:**

To provide an efficient and seamless travel and lodging system for patients and their families who require care at the Alaska Native Medical Center.

#### **HOURS OF OPERATION:**

Quyana House Office	Sunday			
	10:00 a.m. to Midnight			
	Monday –Thursday			
	8:00 a.m. to Midnight			
	Friday			
	8:00 a.m. to 5:00 p.m.			
	Saturday			
	10:00 a.m. to 6:00 p.m.			
	Admitting Department assist with after-hour check-ins			
Patient Travel Office	Monday – Friday			
i atient fraver office	8:30 a.m. to 5:00 p.m.			
Airport Kiosk	Monday – Friday			
Airport Kiosk	8:00 a.m. to 5:00 p.m.			

#### **SERVICE LINE STAFFING PLAN:**

Manager	1	Housing & Travel Assistants	6	
Assistant Manager	1			1

## **SERVICES PROVIDED:**

The Compliance Program is designed to be a resource to work collaboratively with all employees, board members, contractors/vendors and others who do business with ANTHC in handling routine and unusual work situations in a legal and ethical manner. The Compliance Program leadership also works to create a culture within ANTHC and ANMC that promotes prevention, detection, and resolution of instances of conduct that does not conform with the Code of Conduct, ANTHC/ANMC policies and procedures, applicable laws and regulations as well as ethical professional and business standards and practices. The Program is approved and guided by the ANTHC Board of Directors and the Joint Operating Board of the Alaska Native Medical Center.

#### MISSION:

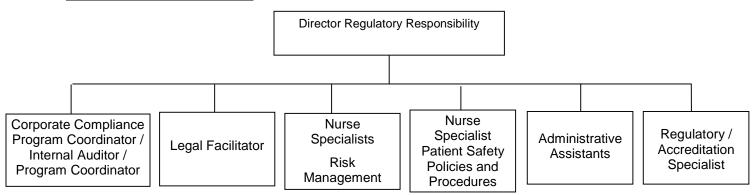
The mission of the Office of Regulatory Responsibility is to provide guidance, consultation, and advice to infuse ethical and lawful conduct into the culture of ANMC and ANTHC to advance integrity, quality care, customer satisfaction, and compliance. The office also coordinates integrated efforts to prevent liability through risk assessment, reduction, and management by providing education, feedback, early response, evaluation, and intervention to protect the well-being of patients, staff, hospital programs; and welfare, reputation, and financial viability of the corporation.

#### **HOURS OF OPERATION**

Office Hours: Monday through Friday from 8:00 am – 5:00 pm

# **SERVICE LINE STAFFING PLAN**

Department Director / Compliance Officer / Privacy Officer	1	Healthcare Policy and Project Manager	1
Corporate Compliance Program Coordinator / Internal Auditor	1	Administrative Asst III	1
Legal Facilitator	1	Temporary Adm Asst III	1
Nurse Specialists Risk Management and Patient Safety	1	Regulatory and Accreditation Specialist	



### **SERVICES PROVIDED:**

The ANMC Respiratory Care Department is responsible for providing mechanical ventilatory support and respiratory therapeutic modalities in the adult and pediatric critical care units via pre-printed orders, protocols and case management for chronic lung problems. The RT Department also provides mechanical ventilatory support in the ER and RR for short periods of time prior to transfers to other areas (OR or CCU). In addition, the department provides respiratory therapeutic modalities to complex patients with respiratory compromise, and evaluation/consultation of patients in the recovery room, outpatient department and general wards.

Outpatient Services: The department has a full-service pulmonary function laboratory that provides PFT's, exercise-induced asthma testing, pulmonary stress testing, asthma education, and assistance with diagnostic fiberoptic bronchoscopies. The Pulmonary Case Manager works with the Pulmonologist to provide management of chronic lung patients.

A physician referral is required for most services, although referrals are accepted from other healthcare providers and from patients themselves for assessment and education purposes. Patient's ages range from neonates to geriatrics. Services are available for treatment of many diseases and conditions including, but not limited to, COPD, asthma, pneumonia, congestive heart failure, pulmonary edema, trauma, bronchopulmonary dysplasia, respiratory syncitial virus (pneumonia and bronchiolitis), ARDS, AIDS (and AIDS-related lung conditions), tuberculosis, post-operative complications and respiratory failure. The department provides assistance with the adult and pediatric pulmonary clinics.

Most modalities available for respiratory care, including ventilatory support, Pediatric HFOV, BiPAP and CPAP are used by the ANMC Respiratory Care Department. In addition to specific modalities of care we provide patient assessment and education with an emphasis on health promotion and disease prevention. These services are provided to both inpatients and outpatients. Throughout this process we strive to maintain awareness of the cultural and spiritual needs of our patients and families.

## **GOALS:**

To provide the highest level of respiratory care services to all patients at ANMC with special emphasis on the critically ill adult and pediatric patients. The department will achieve this aim through:

- Utilization of a computerized charting system that calculates workload and adjusting assignments and staffing accordingly.
- Utilization of a pediatric respiratory care scoring system with some protocols to determine frequency of treatments.
- Utilization of flexible staffing hours and intermittent staff to provide care for all patients identified as requiring the department's services.

To continue active involvement the continued development and improvement of the Pediatric Critical Care Unit and the Adult Critical Care Unit.

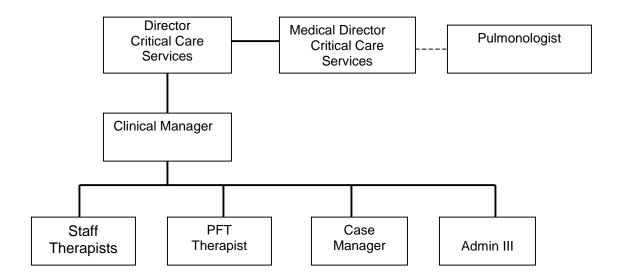
# **Hours of Operation:**

Cli	nical Manager	Monday- Thursday 7:00 a.m 5:30 p.m.
Inp	atient Respiratory Care	<b>7 days a week</b> 24 hours a day
PF •	T Lab PFT testing Assist with flexible bronchoscopy Exercise-induced asthma testing Pulmonary stress testing Asthma testing Asthma education Assists patients with home equipment	<b>Monday – Friday</b> 8:00 a.m. – 4:00 p.m.
* *	Imonary Case Manager Assists with Pulmonary Clinics Arranges travel and schedules appointments for patients to see the Pulmonologist. Makes discharge plans/arrangements for Pulmonologist's patients. Coordinates Care Conferences for Pulmonologist's patients. Assists Pulmonology patients with medication refills.	<b>Monday – Friday</b> 8:00 a.m. – 4:30 p.m.
• • •	ministrative III Orders supplies: office and medical for RT Department Assists with timekeeping, reviewing staff timesheets Schedules PFT's and patient appointments Works with databases; department statistics.	<b>Monday – Friday</b> 8:00 a.m. – 4:30 p.m.

# **SERVICE LINE STAFFING PLAN:**

	# Of Staff	Credentials
Clinical Manager	1	RRT, CPFT,
PFT therapist	1 full-time	CRTT
PFT Alternates*	3 backup	RPFT, CPFT
Pulmonary Case Manager	1 full-time	RRT,
Therapists	16 *	RRT, CRTT, Perinatal/Pediatric
Intermittent Therapists	3*	RRT, CRTT

<sup>\*</sup>Three therapists work 12-hour shifts, 24 hours a day. Intermittent staff members available to meet increased demands.



#### SURGERY PATIENT SERVICE CENTER

### **SERVICES PROVIDED**

The Surgery Patient Service Center provides comprehensive general surgical, vascular, thoracic surgical care and urological care. There are contractual agreements for neurosurgical and plastic and reconstructive surgery. The service line treats adults and pediatric patients from throughout Alaska who present for elective and emergent care. The General Surgery staff comprises the Trauma service, which is responsible for the care of patients with major and multiple system injuries. This service works with other departments to provide total comprehensive trauma care. There are medical student and resident rotations within this service.

The Service Center is physically comprised of eight (8) exam rooms and a special procedures room in the outpatient clinic. The inpatient unit consists of 23 beds, shared exam room and shared conferencing space. The service line is supported by Surgical Support Center consisting of the Ambulatory Surgery Center, two (2) endoscopy rooms and the eight (8) room operating arena. The facility is staffed to run 6 of the 7 operating rooms. Additionally, there are two designated trauma rooms in the emergency department.

Special procedures performed within the Surgery Service Center include minor surgeries, urodynamic testing and cystoscopy. The Surgery Service Center is also responsible for over seeing the vascular lab and performing esophageal manometry studies. The general surgeons and urologists also provide their services in field clinics throughout the year.

The surgical inpatient unit serves primarily adult (age 16 and older) general surgery, urology and trauma patients with occasional overflow from pediatrics and other units. Patients chosen to overflow to the surgical unit are the most stable, least acutely ill patients available for transfer. The unit also cares for observation patients from the Day Surgery unit.

## **Case Management**

RN case managers within the Surgery Service Center are responsible for coordination of patient access into and through the system with return to the community. The case managers prior to scheduling appointments and arranging an agreeable treatment plan contact patients. This decreases the no-show rate. The case manager provides "hands on" patient contact in surgery clinics, assist with pre-operative evaluations, patient education and needs assessment, initiates the discharge planning process and limited point of care by bringing ancillary service providers to the patient. Additional duties involve daily rounds of hospitalized patients, coordination of discharge needs locally and/or to the villages, and referrals to outside facilities.

Case managers maintain tracking of surgical cancer patients requiring follow-up by general surgery.

The inpatient unit is supporting the improvement of provider and patient communication by maintaining selected patient information at each bedside. The case managers and inpatient staff work together to coordinate multidisciplinary and multi-service care. With case management being responsible for-most of the coordination of discharge planning tasks, the inpatient nurses are increasingly available at the bedside delivering patient care and education.

# **GOALS:**

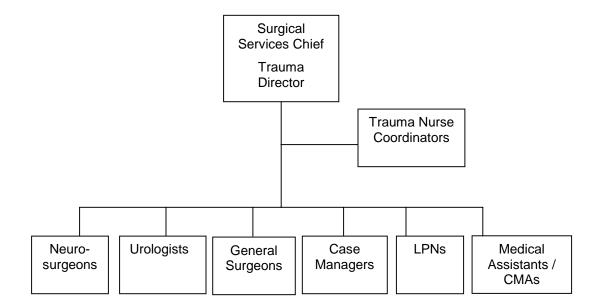
- ☐ Improve patient access by instituting on-call case manager beeper to allow easier access for scheduling to outside providers.
- ☐ Improve measurements and evaluation of post-operative pain management.
- Providing out patient IV antibiotic therapy and dressing changes through a combined effort of the outpatient clinic and the inpatient unit.

0 0 0	Develop an inpatient-staffing plan that includes 24 – 7 on-call staff nurse coverage. To provide relevant clinical education and staff development for members of the Surgery Service. Further refinement of the Surgery Service pain assessment and management program. Increase on-duty educational opportunities with continuing education credits. Improve access to screening for colo-rectal cancer by instituting a flex clinic and scheduling protocol.
	Minimizing OR usage for minor procedures by instituting a "lump and bump" clinic and scheduling protocol.
	Improve surgery case review system utilizing outcome management incorporating input from multi-services to streamline process.
	Expanded roles of LPNs to handle increased workloads.
	Provide additional efficiencies through multi-provider forms.
	Initiate increased case manager involvement in urology consults and referrals to streamline process.
	Improve care of the trauma patient by concurrent assessment and evaluation, maintaining Level II Trauma Center designation, and by compliance with the American College of Surgeons Standards for Trauma Care.

<u>HOURS</u>
General Surgery Clinic is held every morning and every afternoon Monday through Friday Urology Clinic is held everyday Monday through Friday Neurosurgery Clinic is held twice weekly.

# **SERVICE LINE STAFFING PLAN**

Clinic Staffing		Inpatient Nursing		
General Surgeons	7			
Urologist	3	Assistant Nurse Manager	1	
Case Manager Assistant	3	RN part-time and full-time	19 FTE	
RN (case manager)	8	Nursing Assistant	5	
RN (intermittent)	1	Medical Assistant	3	
Trauma Nurse Coordinator	2	LPN	5	
LPN	4	Administrative Assistant	1	
Medical Assistant	3			
Chief of Surgery/Trauma Dept.	1			
Enterostomal/urodynamic nurse - intermittent	1			
Contract Staff				
Neurosurgeons (3) (Contract expires 2/04)				
Surgery Residents (2) (Contract expires 10/2004 Renewable yearly for 4 years.)				



#### SURGICAL SUPPORT CENTER

### **Services Provided**

The Surgical Services consists of Day Surgery, the Operating Room, the Anesthesia Service and Post Anesthesia Care Unit. Day Surgery is physically comprised of two endoscopy suites, an exam room, interview rooms, two pre-op holding areas (one with negative air flow capability), and a Stage II recovery area. The operating room suite is comprised of eight (8) OR suites, one (1) equipment storage room with a sterile core, and supporting staff areas. The Post Anesthesia Care Unit has two (2) private rooms with negative airflow capability and one Stage I recovery area with capacity for seven (7) patients.

Surgical Services provides perioperative care to patients of all age groups for a wide variety of procedures including Otolaryngology, General Surgery, Gynecology, Orthopedics, Ophthalmology, Neurosurgery, Urology, Dental and Plastic Surgery. An average of 925 patients are seen each month for surgical or endoscopic procedures. Approximately 80% of these patients are Day Surgery (DS) patients, meaning they have surgery and are discharged through the Day Surgery unit the same day. Inpatient surgical and endoscopy patients, who are previously admitted on an inpatient ward, are assessed preoperatively and transported to the holding room by Day Surgery staff, Monday through Friday during normal hours of operation. . Same Day Admission patients (SDA) are seen in Day Surgery prior to surgery and are admitted to an inpatient ward in the hospital postoperatively. Day Surgery also provides post-sedation recovery for patients who have had miscellaneous non-surgical procedures such as pediatric CT scans, transesophageal echocardiagrams, and selected radiology procedures. Day Surgery provides limited infusion services, particularly blood transfusions.

Day Surgery staffs and operates the two (2) endoscopy rooms, provides portable endoscopy services to the Operating Room and the Intensive Care Unit, and provides 24 hour / 7 day call service to cover endoscopic emergencies. The endoscopy units provide structure for liver biopsies, flexible sigmoidoscopies, colonoscopies, bronchoscopies, EGD's (esophageal gastroduodenoscopy), epidural steroid injections, esophageal ph and manometry studies, and miscellaneous procedures.

The most common procedures are EGD's, colonoscopies, and flexible sigmoidoscopies.

#### GOALS:

- Improve efficiency to maximize utilization of available surgical time and to reduce patient waits for available surgery time.
- □ Reduce cost to maximize limited financial resources.
- Promote professional development of staff and interdisciplinary collaboration in order to provide the highest quality health care.

# **HOURS**

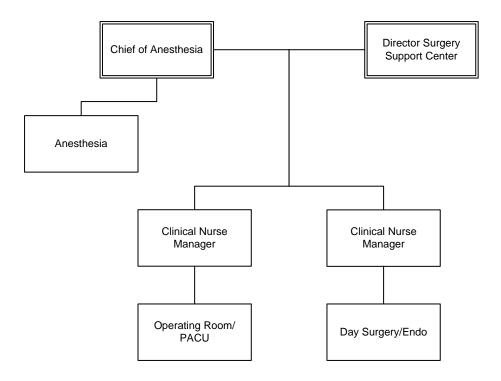
Operating Rooms (Scheduled)	<b>Monday</b> 7 Rooms 8:00 a.m. – 4:00 p.m.	
	Tuesday-Friday	
	6 Rooms 8:00 a.m4:00 p.m. 2 Rooms 8:00 a.m6:00 p.m. 730a.m600 p.m.	
(Office hours) (On Call)	24 hours a day, 7 days a week 2 teams available @ all times.	
Endoscopy (Normally Scheduled)	Monday - Friday	
(On Call)	1 room8:00 a.m1500p.m. 1 room 9:00-4:00 24 hours a day, 7 days a week	
Day Surgery (Operating hours)	<b>Monday - Friday</b> 6:00 a.m 7:00 p.m.	

# **STAFFING PLAN**

Director (nurse mgr) Surgery Support Center 1 Administrative Supervisor 1

		,
	CNM	1
Day Surgery	Nurse	12
	Nurse- (part time)	1
	PSA/Endo Tech	4
	LPN	1
	Ward Clerk	2
	CNM	1
Operating Room	Nurse	16
	Nurse- (part time)	3
	O.R. Technicians	14
	Ward Clerk	2
	PSA/Endo Tech	2
	Nivee	
Post Anesthesia Recovery Unit	Nurse	8
	Physician	6
Anesthesia Service	Nurse Anesthetists	11

# **Management Structure**



#### TELECOMMUNICATIONS SERVICES

#### **SERVICES PROVIDED:**

The role of the Telecommunications Department in our health care environment is critical. Telecommunications maintains support, restores and manages the campus' sophisticated Private Branch Exchange (phone system) with a variety of features, programming and phone types to enhance the mission and aims of each division and service line. Telecommunication maintains supports, restores and integrates the overhead paging system, in-house digital paging system, pagers, cellular phones, messaging on hold, voice processing and fax messaging, computer telephony integration, call accounting system and software, the campus automatic call distribution call-center systems, modem pooling, interactive voice response units. Telecommunication manages, maintains, supports and restores the critical wireless radio systems and other wireless technologies. Telecommunications maintains supports, restores and manages the campus' private fiber optic and copper infrastructure, which transports all voice, data and image information throughout the campus and beyond. Telecommunications maintains, supports, and restores the hardware and transport levels associated with the campus' Local Area Networks. Telecommunications maintains 24x7 Operator support for handling voice calls for the campus organizations and for immediate and urgent patient, staff and visitor related, "code" scenarios, and assists in coordinating patient transports. Telecommunications coordinates all requests for communication utilities and services, and analyze services to provide the best value to our customers. Telecommunication audits tracks and certifies telecommunication funds and expenditures. The Department assists in supporting the Wide Area Network data integration to tribal sites off campus, both within Anchorage and throughout the State of Alaska and the Unites States. The Department can consult with other tribal entities regarding telecommunications issues as requested. The Department is poised to support video conferencing equipment and support telemedicine applications and other related technologies, as required. The Telecommunication Department designs, and system administers communication software applications to further enhance the mission, vision and values of the organizations. Telecommunications manages coordinates and performs their own maintenance and restoration of each system, and performs our own additions, moves and changes within the campus. The Department enhances our skills and efforts by working with a number of technical contractors, to assist in essential troubleshooting, and to enable a complete solution to each Service Line's requirements.

# **GOALS:**

- Integration of voice, data and video technologies. Telecommunications technology is advancing in a direction that supports this convergence. There are substantial benefits to be derived from combining the telecommunications effort.
- Standardize telecommunications platforms for hardware and software. Standardization will allow ease of campus integration and provide opportunities for preferred pricing and vendors and the potential for centralized management of systems.
- Develop strategic partnerships with telecommunications vendors. This will allow a partnership with vendors, enhancing health care information and technical assistance and future technical briefings.
- Provide cost effective solutions and services. As technology continually evolves, the Telecommunications Department will evaluate high quality, best value products and services. The Telecommunications Department will continue to become familiar with these areas so that decisions can be made that offer the highest quality solutions within the organizational and users budget.

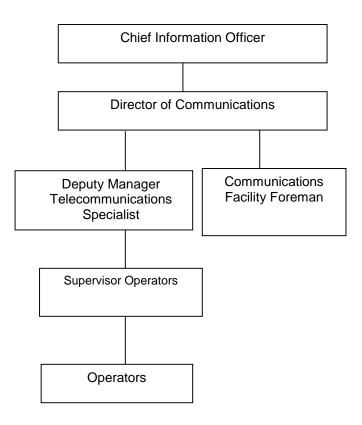
# **HOURS OF OPERATION:**

Office Hours Technical Staff	Monday-Friday 7:30 am - 5:00 pm
Operators	24-hours by 7-days per week
Technical Staff After-Hours and Weekends	On call Rotation

# **SERVICE LINE STAFFING PLAN:**

Director, Communication Services	1
Deputy Manger, Telecommunication Specialist	1
Communication Facility Foreman	1
Operator Supervisor	1
Operator	8

## **MANAGEMENT STRUCTURE:**



#### **UTILIZATION MANAGEMENT**

#### **SERVICES PROVIDED:**

- The Utilization Management staff review the use of medical, diagnostic and/or treatment services (resources) based upon established criteria. The review is a screening process to ensure that needed care is provided in a setting most conducive to enhancing the healing process.
- The Utilization Management staff communicates with third party payers to obtain authorization for admission, treatment, and continued stay. The authorization reflects medical necessity, which is based on the severity of illness and degree of impairment and guides determination of the frequency, intensity, complexity and location of treatment. The staff then certifies services for billing based on criteria based need.
  - The Utilization Management staff conducts concurrent review of inpatients and day surgery
    patients for quality of care and to monitor specific processes and outcomes related to approve
    clinical protocols.

#### **MISSION:**

The Utilization Management, under the direction of the Chief Financial Officer, supports the mission of the Alaska Native Medical Center by:

- Assisting in the implementation of processes to monitor, evaluate, and improve the quality and value of services offered at the Alaska Native Medical Center.
- Assisting all Alaska Native Medical Center staff in meeting or exceeding the requirements of external regulators.
- Monitoring patterns of clinical resource utilization to improve the efficiency of, and ensure appropriate reimbursement for, health care services.

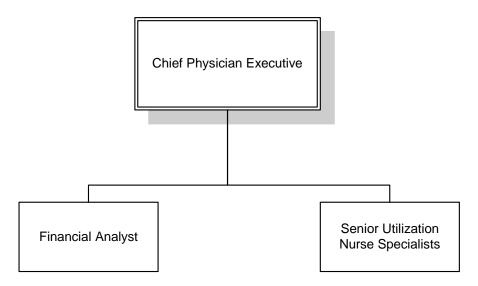
#### **HOURS OF OPERATION:**

Office Hours: Monday through Friday from 6:30 am – 3:00 pm

#### **SERVICE LINE STAFFING PLAN:**

☐ Financial Analyst 1
☐ Nurse Specialists 10.5

## **MANAGEMENT STRUCTURE:**



## **VISITING PROFESSIONAL SUMMARY**

The following document details the professional visits originating from the Alaska Native Medical Center to regional or clinic locations.

## 2004 Field Schedule Abbreviations for Services

Card	Cardiology
DIA	Diabètes
ENT	Otolaryngology
EYE	Ophthalmology
GYN	Gynecology
HEP	Hepatitis
MED	Medicine
Neuro	Neurology
Ortho	Orthopedics
Peds	Pediatrics
PT	Physical Therapy
Rheum	Rheumatology
Surg	Surgery
Uro	Urology

# Locations

Bethel	Yukon-Kuskokwim Health Corporation
Kank	Bristol Bay Area Health Corporation
Nome	Norton Sound Health Corporation
Kotz	Maniilaq Association
Barrow	Arctic Slope Native Association
Fairbanks	Tanana Chiefs Conference
Ketichikan	Ketchikan Indian Community
Juneau	Juneau Medical Center
Craig	Craig Clinic, Prince of Wales Island
Sitka	South East Alaska Regional Health
Silka	Corporation
Met	Metlakatla Indian Community
Klawock	Alicia Roberts Medical Center
Kodiak	Kodiak Area Native Association
St. Paul	Aleutian/Pribilof Island Association

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10/23															
10/24						Outle		Discours				Dhara			
10/25		ENT		Dada		Ortho		Rheum				Rheum		Canal	
10/26 10/27		ENT		Peds		Ortho		Rheum				Rheum		Card	
				Peds		Ortho		Rheum				Rheum		Card	
10/28		ENT		Peds		Ortho		Rheum				Rheum		Card	
10/29		ENT		Peds				Rheum				Rheum			
10/30															
10/31															
	Mon		FAIT	Surg	Ortho	Rheum			Card					<b>.</b>	
	Tue		ENT	Surg	Ortho	Rheum			Card					Peds	
	Wed		ENT	Surg	Ortho	Rheum			Card					Peds	
	Thu		ENT		Ortho			Card						Peds	
11/5		Surg	ENT					Card						Peds	
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11/7															
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		Uro ??	Uro ??						Rheum						
11/12									Rheum						
11/13	Sat														

<u> </u>		Bethel	Kank	Nome	Kotz	Barrow	Fairbanks	Ketch	Juneau	Sitka	Craig	Met	Klowak	Kodiak	St Paul
11/14	Sun	Detilei	Kalik	Nome	ROLZ	Darrow	Tailbailks	Reton	Julicau	Jika	Craig	IVICE	Nowak	Roulak	ot i aui
11/15			Rheum		GYN	Surg				Ortho					
11/16			Rheum	ENT	GYN	Surg				Ortho					
				ENT,											
11/17	Wed		Rheum	eye ENT,	GYN	Surg				Ortho					
11/18	Thu	Surg		eye						Ortho					
11/19 I	Fri	Surg		Entree											
11/20	Sat														
11/21	Sun														
11/22 I	Mon	GYN												Rheum	
11/23	Tue	GYN												Rheum	
11/24	Wed													Rheum	
11/25	Thu														
11/26 I	Fri														
11/27	Sat														
11/28	Sun														
11/29 I	Mon								Uro						
11/30	Tue	ENT				Card	Ortho		Uro						
12/1	Wed	ENT				Card	Ortho		Uro	Eye				ENT *1	
12/2	Thu	ENT				Card	Ortho			Uro, eye				ENT *1	
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12/6 I		Ortho				PT	Rheum								
12/7					ENT	PT	Rheum			Card					
12/8					ENT	PT	Rheum			Card					
12/9		Ortho			ENT	PT				Card				Ortho	
12/10 I		Ortho			ENT	PT								Ortho	
12/11	•														
12/12															
12/13 I				Ortho	Surg	ENT									
12/14				Ortho	Surg	ENT								Eye	
12/15	Wed	GYN Surg,		Ortho	Surg	ENT								Eye	
12/16	Thu	GYN		Ortho		ENT								Eye	
12/17	Fri	Surg, GYN		Ortho											
12/18				J.1113											
12/19															
12/20															
12/21															

		Bethel	Kank	Nome	Kotz	Barrow	Fairbanks	Ketch	Juneau	Sitka	Craig	Met	Klowak	Kodiak	St Paul
12/22	Wed														
12/23	Thu														
12/24	Fri														
12/25	Sat														
12/26	Sun														
12/27	Mon														
12/28	Tue														
12/29	Wed														
12/30	Thu														
12/31	Fri														

#### Changes Made:

- \*1 6.11.03 ENT clinic cancelled 8/11-8/12. Rescheduled for 12/1-12/2. Ella Homoleski, contact.
- \*2 6.11.03 NUT clinic removed from Barrow scheduled. This is not an ANMC clinic. Vivian Echavarria, contact.
- 8.28.03 Gen Surg clinic sites switched per CD discussion 2/9-2/13, 4/26-4/30, 6/21-6/25, 8/23-8/27, 11/1-11/5, 11/15-11/19 and 12/13-12/17 \*3
- 9.4.03 Cardiology clinics week of 3/8/04 moved to week of 5/3/04. POC Nicole Nelson. \*4
- \*5 9.5.03 Urology clinic changes July, Sep, Nov 04 per Dr. Orrenzo Snyder, confirmed by field clinics.
- \*6 10.2.03 Dillingham ENT clinic moved from April 13-16 to April 20-23. POC Ella Homoleski.
- 11.21.04 Hepatitis clinics added Barrow 8/31, Dillingham 9/23, Bethel 2/24 and 10/19, Kotzebue 11/10. Mary
- \*7 Snowball POC.
- 12/31/03 Bethel GYN moved 11/17-19 to 11/22-23; 2/18 and 10/7 hepatitis clinics removed at Bethel's request. Erin \*8 Hesla POC.
- 1/5/04 Ortho cancelled Met, Ket, Craig 7/5-9 and rescheduled 6/28-7/2; POC S. Allen-Lopez. ENT Bethel 10/25-29 vice 10/26-29; POC E. Homoleski. \*9
- 1/5/04 Hepatitis rescheduled Kank 5/12-13 and cancelled 9/23. POC Mary Snowball. \*10

#### STATEWIDE REFERRAL DELIVERY PLAN

The Alaska Native Medical Center functions as the specialty and tertiary referral center for the Alaska Tribal Health System. In the event that the care cannot be obtained directly at the Medical Center, ANMC staff in conjunction with Contract Health Services, refer or transfer the patient to another non-Indian Health Service facility for that service.

#### **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

In late 2001, a task force was convened with regional representation to address statewide inconsistencies with regard to residency, eligibility, and transient care. The task force continues to address residency and eligibility with the overall goal of having the same requirements statewide. In general the CHS programs in Alaska are all under funded and cannot meet the needs of the referred care.

The task force decided to focus on the issue of transient care and developed a Transient Care Demonstration Project. The Task Force has been working to address issues surrounding the delivery of Alaska Native Health care services through the private medical sector. CHS services are used in those areas that do not have a regional tribal hospital or physician care. One of the biggest problems occurs when a person from outside the region needs emergency care. The project was set up and activated October 1, 2003 and will run through September 30,2004.

# SOUTHCENTRAL ALASKA

- → SOUTHCENTRAL FOUNDATION
  - Anchorage
  - Mat-Su
  - McGrath
  - Iliamna (Nilavena Subregional Clinic)
- → CHICKALOON
- → EKLUTNA
- → KNIK

#### **SOUTHCENTRAL FOUNDATION**

#### **LOCATION/ GEOGRAPHY**

Headquartered in Anchorage, Alaska, Southcentral Foundation provides services to the native population living in the area known as the Anchorage Service Unit. This area extends from the Aleutian Islands, north to the Kuskokwim River and west to the Wrangle mountains. The access varies from locations located on the road system, to those totally isolated by mountains or water.

#### **POPULATION**

# SOUTHCENTRAL ALASKA INCLUDING: ANCHORAGE, ILIAMNA, MAT/SU VALLEY, MCGRATH, CHICKALOON, EKLUTNA, KNIK

This area is the true melting pot of Alaska. Every Native group is represented. They comprise roughly 9% of the population in the area. Unemployment in this region is normally the lowest in the State, making it an attractive destination for rural Alaskans. Anchorage also draws people for its extensive educational and medical facilities. Migration is fairly high, with more than half of the population having moved in the last five years. It is the fastest growing area in the State and this is expected to continue in the coming decade. The census figures for this region are lower than the user population data, perhaps because of the high utilization of medical services by residents of other regions. The HSP projection shows an increase in the user population of about 26% by 2015. The census-based projection shows the population doubling.

2000 Census Count:329142002 User Population:358952015 Census Population Projection:663122015 User Population Projection:45244

Although birth rates are declining, the number of children in the region will increase over the next decade, due to the large in migration from the villages.

#### **Regional Age and Sex Distribution**

Males

	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	3757	2691	1927	6031	762	525	15695
2015	7017	4931	3744	12785	1893	1271	31641
Change	187%	183%	194%	212%	248%	242%	202%
			Fem	ales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	3657	2615	2077	7316	952	804	17422
2015	6712	4833	4192	14702	2351	1881	34671
Change	40.407	4050/	0000/	0040/	0.470/	00.40/	4000/
G.i.a.i.gc	184%	185%	202%	201%	247%	234%	199%

# Southcentral Foundation Community and Health Facility Data Summary

	Community and	neaith i	racility	Data 5	ummar	y						
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/Al Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
ANCHORAGE SERVICE AREA	_								•			
Anchorage	Southcentral Foundation	29769	26943	37648	128595	RC	ANMC		Α	NMC		
Beluga		1	8	1	4		ANMC		Α	NMC		
Big Lake		164	278	206	713		VMC		Α	NMC		
Birchwood		1		1	2		VMC		Α	NMC		
Bird		2		3	7		ANMC		Α	NMC		
Buffalo Soapstone		0	52	0	0		VMC		Α	NMC		
Butte		0	142	0	0		VMC		Α	NMC		
Chase				0	0		VMC	ANMC				
Chugiak		538		681	2272		ANMC		Α	NMC		
Eagle River		973		1230	4130		ANMC		Α	NMC		
Elmendorf AFB		20		24	74		ANMC		Α	NMC		
Farm Loop		0	57	0	0		VMC		Α	NMC		
Fishhook		0	102	0	0		VMC		Α	NMC		
Ft. Richardson		36		43	143		ANMC		Α	NMC		
Gateway		0	219	0	0		VMC		Α	NMC		
Girdwood		39		49	153		ANMC		Α	NMC		
Glacier View		0	11	0	0		VMC		Α	NMC		
Hope		7	8	7	23		ANMC		Α	NMC		
Houston		32	148	39	154		VMC		Α	NMC		
Indian		4		4	16		ANMC		Α	NMC		
Knik		0	559	1	2		VMC		Α	NMC		
Knik River		0	67	0	0		VMC		Α	NMC		
Lakes		0	469	0	0		VMC			NMC		
Lazy Mountain		0	54	0	0		VMC			NMC		
Meadow Lakes		0	391	0	0		VMC			NMC		
Montana		1	0	1	4		VMC			NMC		
Palmer		966	734	1221	4043		VMC			NMC		
Peters Creek		2	0	2	7		ANMC		Α	NMC		

Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type		Inpatient Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Petersville		0	2	0	0				ANM	С	
Point MacKenzie		0	6	0	0		VMC		ANM	С	
Portage		1		1	2		ANMC		ANM	С	
Skwentna		5	8	6	24		VMC		ANM	С	
Sunrise Village		0	2	0	0		ANMC		ANM	С	
Susitna		0	4	0	0		VMC		ANM	С	
Sutton		100	280	126	425		VMC		ANM	С	
Talkeetna		50	70	63	222		VMC		ANM	С	
Tanaina		0	383	0	0		VMC	ANMC			
Trapper Creek		39	48	48	161		VMC	ANMC			
Wasilla		2048	500	2587	8590		VMC		ANMC		
Willow		99	99	123	426		VMC		ANM	С	
Υ		0	107	0	0		VMC		ANM	С	
Unspecified		0	204	0	0		VMC		ANM	С	
ILIAMNA SUBREGION			1				ı				
Iliamna	Village of Iliamna	151	59	177	561	SRC	ANMC		ANM	С	
Kokhanok	Kokhanok Village	147	158	180	607	VC	ANMC		ANM	С	
Lake Clark		1	0	1	0		ANMC		ANM	С	
Newhalen	Newhalen Village	77	146	96	325	VC	ANMC		ANM	С	
Nondalton	Nondalton Village	207	199	240	821	VC	ANMC		ANM	С	
Pedro Bay	Pedro Bay Village	44	32	51	167	VC	ANMC		ANM		
Port Alsworth		14	25	13	44		ANMC		ANM	С	
UPPER KUSKOKWIM SUBREC	GION		1				Γ				
McGrath	McGrath Traditional Council	256	219	267	894	VC	ANMC		ANM	С	
Nikolai	Nikolai Native Village Council	73	81	78	302	VC	ANMC		ANM	С	
Takotna	Takotna Traditional Council	25	21	22	75	VC	ANMC		ANM	IC	
Telida	Telida Native Village Council	3	0	4	15		ANMC		ANM	IC	
Unspecified		0	19	0	0		ANMC		ANM		
Totals		05005	00044	45044	154003						I

RC: Regional Clinic
ANMC: Alaska Native Medical Center

VMC: Valley Medical Center

#### **ORGANIZATIONAL DESCRIPTION**

Southcentral Foundation is an Alaska Native non-profit health care corporation, incorporated in 1982 operating under the tribal authority of Cook Inlet Region, Inc. (CIRI), pursuant to Public Law 93-638 Indian Self Determination and Educational Assistance Act. CIRI is one of the thirteen (13) Alaska regional corporations established by Congress under the terms of the Alaska Native Claims Settlement Act of 1971.

Southcentral Foundation provides direct health and related services to approximately 36,000 Alaska Native/American Indian eligible under the Indian Health Service guidelines for service in Anchorage and the Mat-Su Valley, primary care services across the rural Anchorage Service Unit region (10,000 additional persons), and some statewide services across all of Alaska.

Note: A more detailed corporate description and history is provided in SCF 2003 Strategic Plan (in Appendix Volume 2)

#### **HEALTH SERVICES PRIORITIES**

#### **Corporate Wide Priorities:**

- Current I.H.S. 638 funding does not adequately support medical and related services at the current funding levels. In addition, funding levels are not keeping up with inflation or with the increase of Southcentral Foundation's growing client base.
- Complete a Service Delivery Plan and Facility Master Plan by December 2004.
- Forward the Southcentral Foundation 2004 Service Delivery Plan and Facility Master Plan to ANTHC for use in the statewide plan.
- Demonstrate to Indian Health Services that additional funding is needed for Southcentral Foundation to adequately serve its growing client base.

#### **Health Service Delivery Priorities**

- Obtain adequate funding to accommodate continual in-migration of Native population from around the state to the urban Anchorage setting – about 10-12% increase per year. Funding for program and facility expansion is critical.
  - Provide and/or coordinate the provision of a full continuum of care for the elderly population residing in the service area. This includes improving coordination and integration of current services with other programs and or/new programs.
- Increase and improve access to dental services for the service area population.
- Evaluate and improve on current Traditional Healing activities.
- Assess, develop and implement appropriate Transitional Housing programs.
- Develop and implement a plan for the integration of mental and behavioral health services into the primary care service delivery plan. In addition, develop future services based on a comprehensive needs assessment, including development of a Residential Psychiatric Treatment Center.
- Develop a plan to address future adolescent services required by the user population.
- Develop and implement a plan for comprehensive clinical services in the Palmer/Mat-Su Area
- Develop a health education program related to the chronic pain management program.
- Develop a comprehensive system to address and further integrate approaches to issues of substance abuse and mental health issues.

Note: Specific goals for Iliamna Lake Villages, Palmer/Mat-Su Area, and McGrath clinics are described in separate sections, which are dedicated to each village area.

Additional Recommendations or Changes for Services, Facilities

We anticipate the need for the following facilities within either the short or long-term. Facilities will be required to provide space for services as identified below.

## 1. Expanded Primary Care Center

The current Primary Care Center needs to expand to continue to provide the current level and type of services to the user population which continues to expand 10-12% a year. In addition to the current level and type of services, the facility will need:

A 50% expansion of total general clinic spaces

- Family wellness clinics 3<sup>rd</sup> wing/spoke or new separate building connected by a covered walkway
- Physiotherapy center including exercise equipment, whirlpool, consultation rooms and staff office/support area

### 2. Residential Psychiatric Treatment Center

This facility would accommodate both youth and adult user populations.

#### 3. Elder Center

This center would provide for services in the continuum of care for the elderly population and include the following programs/space:

- Psychosocial activity room
- o Commercial kitchen dine-in, dine-out
- o Dining room (capacity 200)
- Activity and exercise room
- Older Adult and Disabilities Waiver Care Coordination program offices (line staff and support)
- o Transportation program office/staff area, warm garage for maintenance
- Covered van/auto passenger loading area
- Shop and engineering space for home modification program
- o Communications/dispatch center transportation and field staff
- o Chore staff offices and storage space for supplies and equipment
- o Personal care attendant program offices and training room
- o Elder day care- quiet areas, activity areas, consultation rooms, staff offices,
- o "Forget-me-not" walk, dining area, clothes washer/dryer changing room
- Nursing office
- o Outreach/care manager offices
- Companion program offices
- o Elder services program administration
- Convenience store
- Telepharmacy device with 2-way video conferencing with PCC pharmacy
- o Elder program registration and billing offices
- o Elder services information and referral program offices
- Elder mentor program offices and training room
- o Elder respite program offices
- Supported living apartments
- Assisted living apartments
- O Hospice program offices, family meeting rooms, and suites for terminally ill patients in late stages of disease (for patients requiring nursing care and a harmonious environment not otherwise available to them)

- o Chapel and non-denominational chaplain/pastoral counseling office
- Reading/resource room
- Behavioral health consultation rooms and offices
- Employee "break" area including kitchen, dining space, lounge area, employee information carrels, internet café, display/promotion space

#### 4. Extended Care Facility

Nursing home(s) and assisted living home(s)

## 5. Day Care Center

Day care center for employees of Southcentral Foundation, which includes a sick child isolation/nursing care unit.

## 6. Building to Provide Expanded Behavioral Health Services

This building would accommodate the following:

- Care coordination and quality control unity
- Client registration and billing staff space and offices
- Family education program space including group room, offices (Young families)
- Children's playgroup room (Young families)
- · Consumer library and information center
- Group and conference rooms
- Children's play area supervised play area for children whose parent(s) are receiving services
- Video monitoring/observation room for training purposes
- Therapeutic nursery program including activity room, secure outside play area, staff offices, and family consultation room, observation (video monitoring) area

#### 7. Wellness Center

This building would accommodate the following:

- Health information/education and fitness center
- Services resource information and referral center one stop access to information and referral for health and human services available to Native families – particularly designed for recently relocated families
- Employee fitness center

### 8. Consolidated Administration

This building would accommodate efficiencies in services as follows:

- Video/audio conference room (dedicated)
- Conference /meeting rooms
- Departmental consolidation and work space improvement Planning and Grants;
   Public Relations
- Employee "break" area including kitchen, dining space, lounge area, employee information carrels, Internet café, display/promotion space

## 9. Retail Pharmacy/Durable Medical Equipment

At present there is no way within the Native system to obtain non-prescription medications or other medical supplies. There is also no way to obtain needed medical equipment for the home.

## 10. Youth Service Facilities

This building would provide space for the following services:

• Group home (6-9 beds for youth 14-18 years old)

- Group home (6-9 beds for youth 18-24 years old)
- Supported living transitional apartments (12 apartments (24beds) for youth 18-24)
- RAISE/YMI program and administrative offices including conference/group rooms, kitchen facilities for training in life skills, internet café, counseling offices, snack shop, "smart" classrooms
- 11. Domestic Violence Prevention and Treatment Facility This facility would include the following services:
  - Family Wellness Warriors Initiative administration and support
  - Conference Rooms
  - Group and individual counseling rooms
  - Learning center w/ audio-visual aids, teleconference supports
  - Chapel (non-denominational)
  - Residential dorm (10-20 beds)
  - Reception and Registration area
- 12. Additional facilities identified in the Master Plan completed by NANA/DOWL
- 13. Additional flexibility to construct building(s) on federal property

## **LOCATION AND SERVICES OF EXISTING FACILITIES**

#### EXISTING FACILITIES

Health Facility	Size of facility (sq. ft.)	Location	Year Const.
Anchorage Native Primary Care Center (Outpatient	94,078 sq. ft.	4320 Diplomacy Drive	1996- 2000
Clinic)	-	Anchorage, AK 99508	
Chugach Square Mall – Head Start Nurses office	35,135 sq. ft.	6901 Tudor Road Anchorage, AK 99508	1972- 2003
Fireweed Building (Dental, Behavioral Health Services, Optometry)	55,337 sq. ft.	4341 Tudor Centre Drive Anchorage, AK 99508	2003
Quyanna Clubhouse Program (Counseling, mental healt	9,062 sq. ft.	225 Eagle Street Anchorage, AK 99508	1985
Dena A Coy Program (Residential substance abuse trea facility)	10,082 sq. ft.	4130 San Ernesto Avenue Anchorage, AK 99508	2002
SCF Corporate Offices (Administration Building I)	22,300 sq. ft.	4501 Diplomacy Drive Anchorage, AK 99508	1975
Employee Development Center and Finance Offices (Administration Building II)	15,145 sq. ft.	4175 Tudor Centre Drive Anchorage, AK 99508	1985
Pathway Home (Residential living and treatment for low teens)	24,900 sq. ft.	4000 San Ernesto Anchorage, AK 99508	2002
Spenard Transitional Living Facility (for substance abuse	4,310 sq. ft.	1701 Cleveland Street Anchorage, AK 99507	1970
Transitional Living Facility for Pathway Home Graduates	7,224 sq. ft.	3900 East 9 <sup>th</sup> Ave. Anchorage, AK 99508	1964
Family Wellness Warriors Initiative Facility	7,224 sq. ft.	3916 East 9 <sup>th</sup> Ave. Anchorage, AK 99508	1964
Heritage Plaza Office Condominiums, Suites 203, 204, 2	1,984 sq. ft.	4155 Tudor Centre Drive Anchorage, AK 99508	
Frontier Building (Elders Gatherings, Food Service Training)	7,053 sq. ft.	4451 Tudor Road Anchorage, AK 99508	

#### OTHER FACILITIES

Facility	Size of facility (sq. ft.)	Location	Year Const.
Leased Space until 1/31/05	14,440 sq. ft.	4160 Tudor Center Drive Anchorage, Alaska 99508	1994
Pending Property Sale in 10/04	17,065 sq. ft.	1818 W. Northern Lights Anchorage, Alaska 99518	1974

### SERVICES AT EXISTING FACILITIES

Note: Number of staff contained in an excel spreadsheet, "Attachment C".

Health Facilities On ANMC Campus	Services Provided	Number of staff
Anchorage Native Primary Care Center	Outpatient Clinic	
4320 Diplomacy Drive, Anchorage, AK 99508	Ambulatory Care Center	
Fireweed Building	Dental, Optometry,	
4341 Tudor Centre Drive, Anchorage, AK 99508	Behavioral Health Services	
, , , , ,	Audiology	
SCF clinics in ANMC	Dental	
	Urgent Care	
SCF Corporate Offices	Administration Information	
4501 Diplomacy Drive	Human Resources Technology	
Anchorage, AK 99508	Quality Resources Grants	
Employee Development Center and Finance Offices	Employee Education & Development	
4175 Tudor Centre Drive	Finance	
Anchorage, AK 99508	Facilities	
Heritage Plaza Office Condominiums,		
Suites 203, 204, 205	Home Base Services	
4155 Tudor Centre Drive, Anchorage, AK 99508		
Frontier Building	Elders Gatherings	
Diplomacy Drive, Anchorage, AK	Job Skills Training for Food Training	

**SCF Facilities off of ANMC Campus** 

SCF Facilities on of ANNIC Campus	
Chugach Square Mall – Head Start Center	
Nurses office	Health Stations, School Related
6901 Tudor Road	
Anchorage, AK 99508	
Quyanna Clubhouse Program	
225 Eagle Street	Counseling, mental health
Anchorage, AK 99508	
Dena A Coy Program	Residential substance abuse
4130 San Ernesto Avenue	treatment facility
Anchorage, AK 99508	a camon racinty
Pathway Home	Residential living and treatment
4000 San Ernesto	for low risk teens
Anchorage, AK 99508	TO TO THE MENT OF THE PROPERTY
Spenard Transitional Living Facility	
1701 Cleveland Street	For substance abusers
Anchorage, AK 99507	
Transitional Living Facility for Pathway Home Graduates	
3900 East 9 <sup>th</sup> Ave.	
Anchorage, AK 99508	
Family Wellness Warriors Initiative Facility	
Family Wellness Warriors Initiative Facility 3916 East 9 <sup>th</sup> Ave.	
Anchorage, AK 99508	

## **Number of Employees in Departments**

Behavioral Health Se	ervices
Administration	7
Care Coord	1
Clinical Assoc	1
Clinician	1
Education. Coord	1
Operations Director	1
Systems Administrator	2
Adolescent Intern Prgm	2
Youth Advocate	1
Program Manager	1
i rogram managor	
BH Fireweed	10
Administrative Support	3
Clinician	3
Clinical Associate	2
Health Rec. Tech	1
Systems Administrator	1
BH PCC	14
Administrative Support	3
ANP	1
Chem Dep. Counselor	1
Clinician	2
Clinical Associate	1
Clinical Supervisor	1
MS level Therapist	1
Psychiatrist	1
Psych NP	1
Psychometrician	1
RN/Case Manager	1
BH Services	32
Administrative Support	4
Clinical Associate	6
Clinical Bill Specialist	5
Clinician	10
Health Rec. Tech Sup	1
Health Info. Tech	2
Intern	1
RN/Case Manager	1
Systems Administrator	1

VP Behavioral Svc.	1
Cleveland House	11
Administrative Support	1
Clinical Associate	3
Cook	1
Mental Health Worker	5
Project Manager	1
Dena A Coy	38
Administrative Support	4
Clinical Associate	15
Clinical Manager	1
Clinical Supervisor	1
Clinician	4
CN Midwife	1
Cook	1
Health Info Tech	1
Health Ed Associate	1
Mental Health Worker	7
Project Manager	1
Systems Administrator	1
Early Head Start	33
Administrative Support	4
Cook	3
Family Advocate	1
Health/Nut Coordinator	1
HS Supervisor	1
Mgr EHS Program	1
Supervisor Supt Svc	1
Teacher	20
Teacher Supervisor	1
Elders	19
Administrative Support	1
Elder Provider	16
Social Worker	1
Systems Administrator	1
Head Start	31
Administrative Support	4
Bus Aide	2
Bus Driver	3
Cook	2
Family Advocate	1
Health/Nut Coordinator	1
HS Supervisor	1

Maintenance Tech	1
Manager HS	1
Supr Supt Svc	1
Sys Administrator	1
Teacher	12
Teacher Supervisor	1
•	
Mental Health	32
Addiction Therapist	3
Administrative Support	6
Clinical Associate	4
Clinical Manager	1
Clinical Psych	3
Clinician	2
MS Level Therapist	3
Neuropsychologist	1
Parent Advocate	1
Physician	1
Project Manager	1
Psych NP	4
Psychiatrist	1
Systems Administrator	1
Pathway	61
Administrative Support	1
Certified Teacher (K-12)	2
Clinical Associate	35
Clinical Manager-TPH	1
Clinical Supervisor	1
Clinician	3
Cook	4
Health Recreation Tech	1
Mental Health Worker	6
Production Coordinator	1
Recreation Specialist	1
RN/Case Manager	1
Systems Administrator	1
Trad Cultural Adm	1
Vocational Instructor	1
Vocational Supervisor	1
Ouvenne Click	22
Quyanna Club	23
Administrative Support	1
Clinical Associate	14
Clinical Manager	1 2
Clinician	3
	1
Cook Health Info Tech	1 1

Mental Health Worker	1
RN/Case Manager	1

Executive & Triba	al Services
Administration	7
Administrative Support	5
VP ETS	1
Systems Administrator	1
Cystems Administrator	ı
AK Native Resource Advocate Prgm	1
Res Adv Prog Supervisor	1
Contracts	1
Contracts Administrator	1
Contracts Administrator	ı
Grant Development	6
Administrative Support	1
Grants Administrator	2
Planning Director	1
Proposal Writer	2
Public Relations	7
Administrative Support	4
Comm Tech	1
PR Coordinator	1
PR Manager	1
Traditional Healing	6
Administrative Support	2
Trad Healer Supervisor	1
Tribal Doctor	3
Village Initiative Prgm	2
Administrative Support	1
TR/TH Director	1

Finance	
Finance	29
Accounting Tech	7
Administrative Support	2
Asset Manager	1
Clinical Bill Spec	2
Director Finance	1
Finance Manager	2

Materials Specialist	1
Manager of Fin Ops	1
Payroll Manager	1
Payroll Tech	1
Proc Tech	1
Proc/Matls Manager	1
Reimbursement Director	1
Sr. Accountant	5
Staff Accountant	1
VP Finance	1

Medical Services	
Administration	38
Administrative Support	15
Care Coord	1
Clinical Director	1
СМА	2
Data Mgr	1
Health Education	1
Info Sys Support	1
Medical Director-QA	1
Nursing Director	2
Ops Director	1
Project Manager	5
Research Director	2
Sys Admnstr	4
VP Medical Svc	1
Audiology	5
Audiology Mgr	1
Administrative Support	2
Audiologist	1
Audiometric Tech	1
Compl Medicine	18
Acupuncturist	2
Administrative Support	2
Chiropractor	4
Massage Therapist	4
Patient Srv Assistant	5
Systems Administrator	1
Customer Service Rep	9
Cust Svc Representative	8
Systems Administrator	1

Illiamna	9
Administrative Support	2
Maintenance Tech	2
PA	3
Patient Service Assistant	1
Systems Administrator	<u>·</u> 1
Systems / tarminetrate:	<u> </u>
Laboratory	6
Lab Manager	1
Lab Tech	1
Med Lab Technol	4
	·
Mat-Su	5
Administrative Support	2
Clinical Billing Specialist	1
LPN	1
RN/Case Manager	1
Optometry	19
Administrative Support	4
Clinical Billing Specialist	1
Ophthalmic Disp	4
Optometrist	5
Optometry Mgr	1
Optometry Tech	3
Systems Administrator	1
Pediatrics	51
Administrative Support	14
CMA	10
LPN	1
Physician	16
RN/Case Manager	9
Systems Administrator	1
Pharmacy	22
Administrative Support	3
Pharmacist	12
Pharmacy Tech	7
Dhyoigal Theren:	
Physical Therapy  Physical Therapist	2
Physical Therapist	2
Radiology	4
Health Tech	1
Med Radiol Technol	3
INICA INACIOI I CONTION	<u> </u>

Rural-ASU (McGrath)	5
Administrative Support	1
Health Ed Assoc	1
CHA-P	1
Project Manager	2
Social Services	5
Administrative Support	2
Social Wkr-MSW	2
Social Worker Manager	1
Urgent Care	46
Administrative Support	6
LPN	11
LPN Supervisor	1
Medical Director	1
NP	9
PA	18
ra .	10
Waiver CC Prgm	2
Care Coordinator	2
Women's Health	59
Administrative Support	12
СМА	11
CN Midwife	10
Health Education	1
LPN	2
Medical Director	1
NP	2
Patient Services Assistant	1
Physician	9
RN/Case Manager	9
Systems Administrator	1

Office of the President	
Administration	5
Administrative Support	3
President/CEO	1
Systems Administrator	1
Adolescent Intern Prgm	23
Administrative Support	1
Clinical Associate	1
Graduate Intern	5
Intern	4

Program Supervisor	1
Program Manager	1
Winter Intern	10
FWWI	10
Administrative Support	2
Clinician	1
FWWI Administrator	1
Project Manager	3
Systems Administrator	2
Train Prog Coord	1
Young Men's Initiative	10
Laborer	1
MTCE/Laborer	3
YMI Participant	6

Resource and Development	
Administration	4
Administrative Support	2
COS R & D	1
Director QA	1
Behavioral Health Fireweed	1
Administrative Support	1
Construction	6
Carpenter	1
Construction Laborer	2
Construction Proj Supr	1
Lead Carpenter	1
Maintenance Tech	1
Dental	111
Administrative Support	18
Clinical Bill Specialist	4
Dental Assistant	38
Dental Assist Supvr	6
Dental Assist Train	5
Dental Assist-EF	3
Dental Director	2
Dental Hygienist	9
Dentist	18
Oral Surgeon	3
Orthodontist	1
RN/Case Manager	2

Systems Administrator	2
Employee Dvmpt Center	13
Administrative Support	8
Manager of Dev. Center	1
Trainer	4
Trainer	т
Facilities	14
Administrative Support	2
Courier	3
Facilities Manager	1
Facilities Supervisor	<u>.</u> 1
Maintenance Supvr	1
Maintenance Tech	6
Human Resources	12
Administrative Support	2
Comp/Benefits Manager	1
Director of HR	1
Emp/Recruit Manager	1
HR Assistant	4
HR Generalist	3
ITS	19
Data Analyst	1
Data App Mgr	1
Info Sys Supt I	4
LAN Supt Spec II	4
LAN Supt Spec Supvr	
	1
Network Administrator	2
Network Administrator Network Ops Mgr	
Network Administrator Network Ops Mgr Research Director	2 1 1
Network Administrator Network Ops Mgr Research Director Telecom Specialist	2 1 1 1
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP	2 1 1 1 1
Network Administrator Network Ops Mgr Research Director Telecom Specialist	2 1 1 1
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer	2 1 1 1 1 2
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt	2 1 1 1 1
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt Administrative Support	2 1 1 1 1 2
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt Administrative Support Director of Org. Develop.	2 1 1 1 1 2 13 7
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt Administrative Support	2 1 1 1 1 2 13 7
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt Administrative Support Director of Org. Develop. Project Manager	2 1 1 1 1 2 13 7 1 3
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt Administrative Support Director of Org. Develop. Project Manager	2 1 1 1 1 2 13 7 1 3
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt Administrative Support Director of Org. Develop. Project Manager Special Assistant	2 1 1 1 1 2 13 7 1 3 2
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt Administrative Support Director of Org. Develop. Project Manager Special Assistant  Quality Assurance	2 1 1 1 1 2 13 7 1 3 2
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt Administrative Support Director of Org. Develop. Project Manager Special Assistant  Quality Assurance Compliance Spec	2 1 1 1 2 13 7 1 3 2
Network Administrator Network Ops Mgr Research Director Telecom Specialist VP Web Developer  Organizational Dvmt Administrative Support Director of Org. Develop. Project Manager Special Assistant  Quality Assurance Compliance Spec Safe/Emp Hlth Coord	2 1 1 1 1 2 13 7 1 3 2 5 1

# SUMMARY of SOUTHCENTRAL FOUNDATION'S SERVICES on ANMC CAMPUS

## **Summary of SCF Services on ANMC Campus:**

AUDIOLOGY DEPARTMENT	279
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PHARMACY	
HEALTH EDUCATION	
SOCIAL SERVICES	
TRADITIONAL HEALING PROGRAM	
WOMEN'S HEALTH CLINIC	
	-

NOTE: MENTAL HEALTH/BEHAVIORAL HEALTH IS NOT INCLUDED AT THIS TIME BECAUSE OF EXTENSIVE CHANGES WITH THESE PROGRAMS. UPDATED INFORMATION WILL BE PROVIDED AS IT BECOMES AVAILABLE.

## **SCF - AUDIOLOGY DEPARTMENT**

### Services Provided:

Audiology Department is a part of the Medical Services Division of Southcentral Foundation. The Audiology Clinic is physically located within the ENT Clinical Area on the 1st floor of ANMC. There are two audiology examination suites and a procedure room for specialized testing (shared with the ENT clinic). In addition the audiologists/audiometric technician share 2 offices located in an adjacent hallway. The Audiology Administrative Assistant is located within the joint office space shared by the ENT/EYE Service Lines. Currently a redesign of workspace is underway, and it is anticipated that a third soundroom, a procedure room, and additional office space will be added to the existing clinic.

The Audiology Department provides comprehensive audiologic care for pediatric, adult and geriatric patients from throughout Alaska on a consultative, scheduled appointment or non-scheduled emergent visit basis. Patient care is provided at ANMC or through field visits. The Dept. provides approximately 21 field clinics per year, averaging from 2 to 4 days per clinic. Most of the field clinics are held concurrently with ENT clinics.

At ANMC the Audiology Clinic consists of ENT same-day referrals as well as scheduled appointments and walk-ins for both ambulatory and inpatient referrals. Audiology services provided include full comprehensive hearing evaluations, auditory brainstem response testing, otoacoustic emissions testing, electronystagmography evaluations, hearing aid evaluations and fittings, assistive listening device consultations, ear mold & swim mold impressions, and neonatal hearing screenings.

### Goals of the Audiology Department:

- Provide comprehensive diagnostic audiology evaluations for beneficiaries, and ensuring an optimum and affordable rehabilitative course.
- Manage a comprehensive newborn hearing screening program using automated auditory brainstem response testing and/or otoacoustic emissions testing.
- Provide improved access to Audiology Services. Lessen waits for appointments and walk-in service for hearing aids.
- Promote hearing health and hearing conservation in all aspects of life.

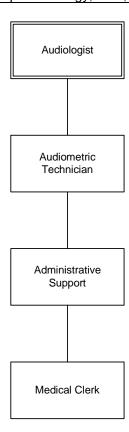
# SCF - AUDIOLOGY DEPARTMENT

# Hours of Operation:

Audiology Clinic	<b>MONDAY – FRIDAY</b> 8:00 a.m. – 4:30 p.m.	1 – 3 Audiologists 1 Audiometric Technician
Medical Assistant (shared with ENT & Ophthalmology Services)	<b>MONDAY – FRIDAY</b> 7:30 a.m. – 5:00 p.m.	

# Audiology Department Staffing Plan:

Audiologist Audiometric technician	3 2	
Administrative Support	1	
Medical Clerk	1*	* a total of 3 medical clerks shared by Ophthalmology, ENT, and Audiology



## **SCF AND ANTHC LABORATORY SERVICES**

#### SERVICES PROVIDED:

A Satellite laboratory located in the Anchorage Native Primary Care Center (ANPCC) provides testing but on a limited scale.

Laboratory services are provided at the Alaska Native Medical Center (ANMC) in two locations. The central laboratory located within the Hospital itself provides most of the provider requested testing of Blood, Body Fluids and Tissue.

The central laboratory is a full service laboratory capable of analyzing on site 95% of all tests requested. The scope of tests offered is within specialties of:

- Hematology
- Urinalysis
- Clinical Chemistry
- Immunology
- Microbiology
- Parasitology
- Mycobacteriology
- Mycology
- Virology(limited)
- Serology
- Toxicology
- Immunohematology
- Consultation
- Surgical Pathology
- Cytology (non-GYN)
- Autopsy Pathology
- PCR DNA Amplification

The laboratory performs various analysis for Alaska Area hepatitis testing program and performs other testing on samples received from Anchorage Service Unit villages. A referral service is also available for specialized analysis and special tissue studies not available at ANMC.

The laboratory also participates in statewide consultation and training programs, assisting regional hospitals, clinics with educational programs. The Laboratory Manager and Laboratory Director provide the regional hospitals with on site regulatory and technical training. ANMC laboratory provides the regional hospitals with technical expertise to assist with computerization of laboratory services and ongoing support. Field visits include the locations of Dillingham, Bethel, Kotzebue, Nome, Sitka and Barrow. Some of these visits have been for regulatory and accreditation consults, pre-inspections, and technical expertise. Others have included on-site training and implementation for computer applications and upgrades. These services have continued through the PL93-638 transition of ANMC and will continue uninterrupted.

Training is being conducted for field laboratory personnel here at the Medical Center. We host training sessions on Lab V5.2 for field lab computer liaisons on a periodic basis.

## SCF AND ANTHC LABORATORY SERVICES

The ANMC Laboratory Medical Director and Laboratory Manager periodically visits the regional hospitals and consults with providers and administrators as requested. The laboratory management staff also provides training and experience to University of Alaska Anchorage students matriculated in Laboratory Sciences. The Laboratory Manager is an adjunct faculty member at UAA and participates in curriculum recommendations and course activities as a member of the Advisory Board.

The Laboratory Medical Director and laboratory supervisory staff consult and advise the Point of Care Testing Program Committee at the ANMC campus. The initial training, on-going competency testing of personnel, Quality Control of testing material, proficiency testing and documentation, Quality Assurance participation and compliance with regulatory requirements are all part of the laboratory's expertise in the advisory role for this program.

Specimen collection services are provided by the Service Lines at the patients' point of care.

Goals of the Clinical Laboratory Services:

- Reduce wait states by decreasing turnaround times.
- Expand the in-house testing menu to meet provider's needs.
- Generate revenue by marketing services as a referral lab to regional hospitals and clinics.
- Expedite patient care through a campus wide point of care testing program.
- Promote career development through continuing education and training.
- Continue to perform cost analysis of all laboratory assays to improve budgetary control and identify revenue opportunities.
- Continue to improve the delivery of laboratory services for both the ANMC Campus and our regional laboratory customers by active participation in the Laboratory Customer Service Team.

## Hours of Operation:

ANMC Clinical Laboratory	Seven days a week 24 hours a day
Anchorage Native Primary Care Laboratory	<u>Monday – Friday</u> 7:00 a.m 9:00 p.m.
Pathology	Monday-Friday 8:00 a.m 4:30 p.m. Available on call 24 hours a day

### SCF AND ANTHC LABORATORY SERVICES

Service Line Staffing Plan: \*

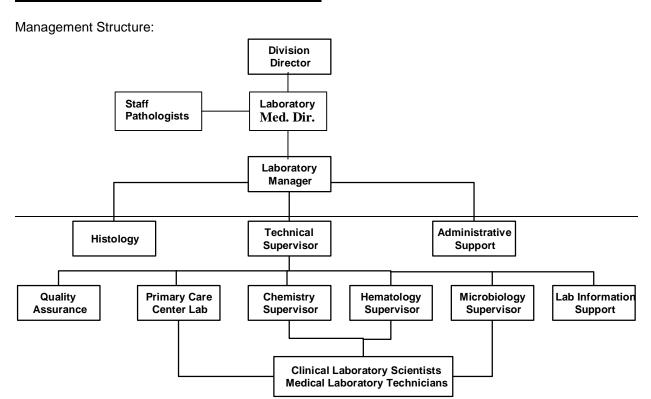
Pathologist	3.5
Clinical Laboratory Scientist	-28
Clinical Laboratory Scientist/Computer Liaison	1
Clinical Laboratory Technician	13
Histology Technician	3
Clerk	1
Program Assistant	1
Molecular Biologist, (PhD)	1
Laboratory Computer Programmer	1

4 Technical FTEs are contracted to SCF under an IPA (3 Clinical Laboratory Scientists and 1 Clinical Laboratory Technician)

(SCF directly hired 2 Medical Laboratory Technicians and 1 Medical Technologist in addition to the IPA staff).

\* Contained within the staffing plan are 10 supervisory positions each with an expertise in one or more of the following fields: Clinical Chemistry/Toxicology, Microbiology, Hematology/Immunohematology, Quality Assurance, Computer Programming and Laboratory Management.

## SCF AND ANTHC LABORATORY SERVICES



## **SCF - CUSTOMER SERVICES**

Services Provided:

## **Information Desk**

Greet the public, escort patients to their appointments, assist with questions, resources and referrals.

### Rounds on inpatient / outpatient units

Visit in-patients on their first day, and again on the third day of their stay. Visit outpatient clinic waiting areas to access patient needs, staff needs, as well as conducting environmental checks, safety checks and occasionally conducting emergency child watch as needed when we are able.

Provide Yup'ik interpreting services to Yup'ik clientele.

## **Notary Services**

Provide notary services at no cost to patients and staff as needed.

### Customer Service

We assist customers in the process of care during their visit to ANMC, assist with comments, questions, and concerns. The information we collect is entered into a comment database; the information is forwarded on to the management / contact person of each department. We share reports with management and seek out ways to assist with areas for improvement.

### GOALS OF THE CUSTOMER SERVICE REPRESENTATIVES:

- Strive to make customer's visits as seamless as possible.
- Talk with patients along the way and ask if we can be of assistance to them during their visit.
- Assist customers in getting to their appointments, with referrals and additional resources.
- Find answers to their questions.

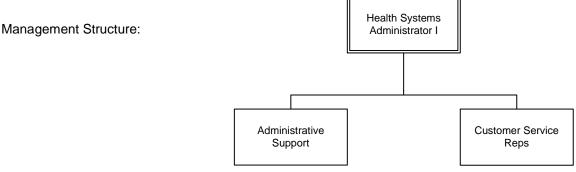
### **HOURS OF OPERATION:**

Primary Care Center	<b>Monday – Friday</b>	4 Representative
Staff	8:00 a.m. – 6 p.m.	1 Admin Support
ANMC Staff	Monday – Friday 7:30 a.m. – 5 p.m.	4 Representatives

#### SERVICE LINE STAFFING PLAN:

Administrative Support	
Customer Service Reps	8
Health Systems Administration I	1

### **SCF - CUSTOMER SERVICES**



## **SCF - DENTAL PATIENT SERVICE CENTER**

### Services Provided:

Southcentral Foundation has two dental service centers on the ANMC Campus. The first is physically located in the ANMC and is comprised of a 23 chair state of the art clinic which is focused toward productivity, patient privacy and infection control. The second dental service center is located on the ANMC Campus in the Fireweed Building at 4341 Tudor Centre Drive. It is comprised of a 27 chair state of the art clinic which is focused toward productivity, patient privacy and infection control.

Multiple chair dental delivery, utilizing state of the art dental equipment and materials, is provided to the Anchorage Service Unit villages, under the Dental Chief of Staff, services and are managed by Southcentral Foundation.

The two dental patient service centers provide quality basic levels of dental care to the patients of the Anchorage Bowl, the villages of the Anchorage Service Unit, and provides episodic care and referral specialty care for the entire state. The village dentists provide continuity of care between the village and ANMC. Dental Services for school-age children and preventive care are the highest priorities of village dental services. Specialty care for pediatric, endodontic and oral surgery services is available at ANMC. The service line provides Alaska area-wide training in these specialties. Limited periodontal and orthodontic care is provided. Adult care is limited to Indian Health Service, Levels I-III.

Recruitment and training of Native American dental personnel is a goal of the dental service center. An on-site dental assistant training program is available. The American Dental Association accredited two-year Advanced General Practice Residency Program. Currently accepts one resident per year at ANMC.

For inpatient admissions, the inpatient unit on 5 West will be utilized. The unit consists of 23 beds, a shared exam room, a shared tub room and shared conferencing space. Unit utilization is closely coordinated among the clinical groups and nurse manager.

Goals of the Dental Patient Service Center:

- Improve access to routine dental care and for episodic and emergency care, with children as the priority.
- ♦ Minimization of the patient movement by bringing services to the patient by providing admitting, registration and pre-op teaching to the service center.
- Provide increased access and more efficient school aged dental program.
- Improve recruitment initiatives and access to the dental assistance training program.
- Increase access to specialty care by:
  - Beginning the process of ADA accreditation for a Pediatric Dentistry Residency training program

## <u>SCF - DENTAL PATIENT SERVICE CENTER</u>

- ⇒ Addition of a full time endodontist, addition of a full time pediatric dentist
- ⇒ Appropriate utilization of part time specialists in oral surgery, endodontics, periodontics and prosthodontics
  - Provide continuity of care between the villages and ANMC.
  - Refine and improved dental chart by implementation of an electronic chart.
  - Refine and improve the dental billing package to support costs and increased services.
  - Improve Dental Assistant Training Program.
  - Better access to children
  - Improve access for adults by working with the Fireweed Dental program.
  - Continue working with Accelerated Practice Concepts consulting group to identify areas where efficiency can be improved.

## Hours of Operations:

Dental Clinic in ANMC	MONDAY – FRIDAY (WEDNESDAYS 8:00 A.M. – 5:00 P.M.) 8:00 A.M. – 6:00 P.M.	
Dental Clinic in Fireweed Building	MONDAY – FRIDAY (WEDNESDAYS 8:00 A.M. – 5:00 P.M.) 8:00 A.M. – 6:00 P.M.	
Emergency Services	24 Hours a Day - On Call	15-20 Dentists
Office Hours	Monday - Friday 7:30 a.m 6:00 p.m.	31 Assistants/ 4 Hygienists
Inpatient Unit	24 Hours a Day 7 Days a Week	

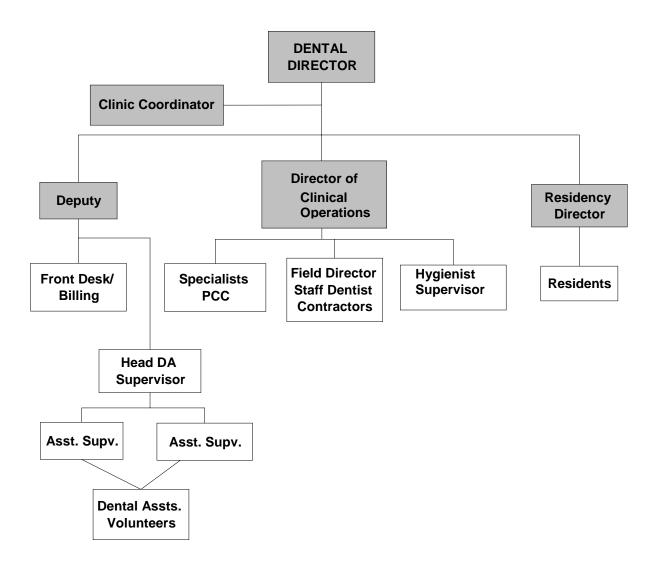
## Service Line Staffing Plan:

DENTAL DIRECTOR	1	DEPUTY DIRECTOR	1
DIRECTOR OF CLINICAL	1	RESIDENCY DIRECTOR	1
OPERATIONS	•	TESISENS SINESION	
FIELD DIRECTOR	1	STAFF DENTIST	5
CONTRACT DENTIST	2	DENTAL RESIDENT	2
DENTAL SPECIALISTS*	6	DENTAL HYGIENISTS	4
CLINIC COORDINATOR	1	PATIENT CARE COORDINATOR	2
MEDICAL ASSISTANT	2	BILLING SPECIALIST	2
DENTAL ASSISTANT SUPERVISOR	2	DENTAL ASSISTANT	31

<sup>\*</sup>Full and part time Oral Surgeon, Pediatric Dentist, Endodontist

# **SCF - DENTAL PATIENT SERVICE CENTER**

Management Structure:



## **ANTHC/SCF - EMERGENCY MEDICAL SERVICE CENTER**

#### Services Provided:

The Emergency Medicine Service Center is comprised of the seven (7)-room Urgent Care Center and the ER. There is an ENT exam room and two rooms with negative airflow capability. The Emergency Room has two trauma rooms and ten- (10) centrally monitored cardiac beds and an exam room for GYN patients. The department treats adult, pediatric and geriatric patients who present on a non-scheduled basis for emergent and urgent problems. The department serves as a site of stabilization, diagnosis and initial treatment for patients transferred from rural Alaska. They provide physician backup for inpatient emergencies during off-hours. It serves as the on-site medical clinic for all ANMC employees requiring medical attention while at work or presenting for work-related injuries. The staff provides village health aide consultation services. There are medical student and residents rotations within the department.

Comprehensive services are provided to patients of all ages and both sexes across the complete spectrum of Emergency Medicine to eligible beneficiaries in the entire state. The Department is the initial treatment site for trauma patients, and as such is a major component of the ANMC Level II Trauma Center.

## **GOALS OF THE EMERGENCY MEDICAL SERVICE CENTER:**

- Plan for continued adequate staffing to meet increasing demand in the Emergency Medical Service Center.
- Decrease waiting time for all patients.
- Increase customer satisfaction while adhering to the mission statement of the Emergency Department and that of ANMC.
- Insure that we meet the needs of other ANMC clinical services as a site for stabilization, diagnosis and initial treatment.
- ♦ Enhancement of our Quality Improvement Program to reduce variation and maintain the highest possible standard for emergency care.

### **HOURS OF OPERATION:**

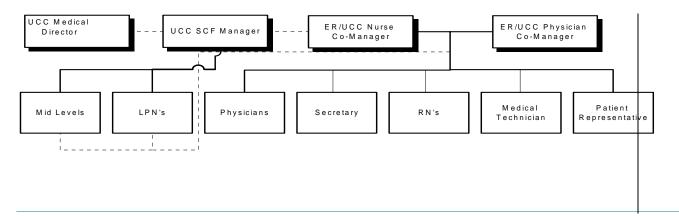
Emergency Room	24 hours a day, 7 days a week
Urgent Care Center	7:00 a.m. –1:30 a.m. 7 days a week

## **EMERGENCY MEDICAL SERVICE CENTER**

Service Line Staffing Plan: (COMBINE FOR ER/UCC, ANTHC, AND SCF)

Physician	8	LPN	7
Contract Physician (intermittent)	2	Intermittent LPN	5
Midlevel Practitioner	6.5	Medical Clerk	19
Intermittent Midlevel Practitioner	12	ER Technician	3
Registered Nurse	17	Part Time ER Technician	1
Part Time Registered Nurse	2	Intermittent ER Technician	2
Intermittent Registered Nurse	9		

## **MANAGEMENT STRUCTURE:**



PHYSICIAN: One physician, 24 hours per day, with a second physician covering from 1:00 p.m.

to 5:00 p.m. additional physician coverage on Mondays from 4pm until 2am.

MIDLEVEL: Serves the Urgent Care Center in four shifts: 7:00 a.m. to 5:00 p.m., 10:00 a.m. to

8:00 p.m., 2:00 p.m. to 12:00 a.m., 3:00 p.m. to -1:30 a.m. There is no coverage

from 1:30 a.m. to 7:00 a.m.

<u>LPN</u>: Serves the Urgent Care Center with one (1) LPN from 7 a.m. to 9:30 a.m. Two (2) LPN's are available from 9:30 a.m. to 2:00 p.m. Three (3) LPN's from 2:00 p.m. to 8:00 p.m., Two (2) from 8:00 p.m. to 12:30am, and One (1) from 12:30 a.m. to 1:30 a.m.

RN: Serves the Emergency Room. Four (4) RN's 24 hours a day with the exception of 6 A.M. to 9A.M. when there are three (3).

EMERGENCY ROOM TECH: ONE (1) MEDICAL TECH TO SERVICE THE EMERGENCY ROOM FROM 6:00 A.M. TO 230 A.M., 7 DAYS A WEEK.

CLERKS: One (1) medical clerk available from 6:00 a.m. to 1:30 a.m., 7 days per week. One (1) medical clerk is available in Urgent Care from 7am to 1:30am 7 days per week. One (1) registration clerk from 2:30 a.m. to 9:00 a.m. and two (2) clerks from 9:00 a.m. to 2:30 a.m.

QA POSITION One Intermittent RN has been successfully providing QA department functions.

## **ANTHC/SCF - EXECUTIVE MANAGEMENT TEAM**

Services Provided

THE ALASKA NATIVE MEDICAL CENTER (ANMC) IS JOINTLY OWNED AND MANAGED BY THE ALASKA NATIVE TRIBAL HEALTH CONSORTIUM (ANTHC) AND SOUTHCENTRAL FOUNDATION (SCF) UNDER THE TERMS OF PUBLIC LAW 105-83. THESE PARENT ORGANIZATIONS HAVE ESTABLISHED A JOINT OPERATING BOARD TO ENSURE UNIFIED OPERATIONS OF HEALTH SERVICES PROVIDED BY THE MEDICAL CENTER.

The ANMC Executive Management Team manages the day-to-day operations of the medical center in a close collegial and collaborative manner. The ANTHC Hospital Operations Team (AHOT) has responsibility for the specialty, statewide, and referral services, and SCF, Medical

Services Division has responsibility for primary care services provided within the Anchorage Service Unit. All programs are managed as a part of one integrated and accredited health care campus.

The Executive Management Team will use the Baldrige National Quality framework to establish health care services that respond to community and patient needs including the following:

- Planning and designing services
- Directing Services
- Integrating and Coordinating Services
- Improving Performance
- Establishing effective operations
- Establishing information and support systems
- Recruiting and maintaining staff; and
- Conserving physical and financial assets

These activities are carried out through the ANMC Organizational Improvement Plan deployment as approved by the ANMC Joint Operating Board.

## **GOALS OF EXECUTIVE MANAGEMENT TEAM**

GOALS FOR THE ANMC are outlined in the ANMC Organizational Improvement Plan (AOIP).

### Location:

## **☑** Hospital Administration

AHOT offices are located in the Executive Administrative Offices on the second floor, west wing of the hospital.

## ☑ Anchorage Native Primary Care Center:

SCF Medical Services Division Senior Management Team offices are located on the second floor of the Anchorage Native Primary Care Center, Suite # 2630.

## **Executive Management Team**

### **HOURS OF OPERATION:**

Hospital Administration	Monday-Friday 7:30 a.m 5:00 p.m.
Anchorage Native Primary Care Center Administration	<u>Monday – Friday</u> 7:30 am – 5:00 pm

## **SERVICE LINE STAFFING PLAN:**

## HOSPITAL ADMINISTRATION

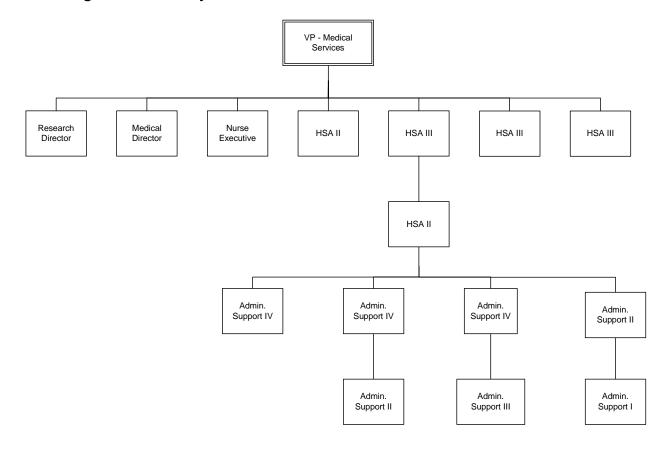
Administrator	1	Chief Physician Executive	1
Chief Nurse Executive	1	Chief Operations Officer	1
Chief Information Officer	1	Chief Financial Officer	1
Assistant Administrator	5		
Administrative Support	6		

# **Anchorage Native Primary Care Center Administration**

Vice President, Medical Services	1	Research Director	1
Nurse Executive	1		
Health Systems Administrator	3		
Administrative Support IV	4		
Administrative Support	3		

# **EXECUTIVE MANAGEMENT TEAM**

# **Anchorage Native Primary Care Center:**



## **SCF - FAMILY MEDICINE CLINIC**

#### **SERVICES PROVIDED:**

The Southcentral Foundation Family Medicine Clinic provides integrated, comprehensive, patient centered primary care service to the patients of the villages of the Anchorage Service Unit (ASU) and the Anchorage Bowl to include Eagle River and the Mat-Su Valley. This service sees patients of all ages and both genders for scheduled primary care and same day scheduled urgent care. Family Medicine is the primary point of contact for villages receiving services through Family Medicine for the routine medical needs of their patients (with the exceptions of many high needs children and obstetrics, which have special arrangements through case managers in pediatrics and women's health).

There are medical students, community health aide students, and resident rotations within this center.

The SCF Family Medicine Clinic is located in the Anchorage Native Primary Care Center (ANPCC), that is physically comprised of 51 exam rooms and four (4) special procedure rooms. This clinic is open Monday through Friday, 8:00 a.m. to 8:00 p.m., and Saturday, 8:00 a.m. to 4:30 p.m.

Special procedures performed within the central Family Medicine Clinic include suturing, splinting, casting, acupuncture, minor surgeries, vasectomies, colposcopies, and flexible sigmoidoscopies.

### GOALS OF THE SCF FAMILY MEDICINE CLINIC:

- Decrease waits and delays for patients by using a variety of methods including rapid cycle improvements.
- ♦ To fully integrate preventive services (e.g., screening for colorectal cancer, breast and cervical cancer and cardiovascular disease)
- Continue efforts in creating self-directed teams.
- Continue to improve ASU field health coordination.
- Continue to utilize the patient panel system to improve continuity of care.
- Provide high quality customer service to our external and internal customer base.
- Improve telephone waits and delays.
- Improve communication within the department and with other clinical and support areas.
- Support and expand staff development through skills enhancement and cross training.

## **SCF - FAMILY MEDICINE CLINIC**

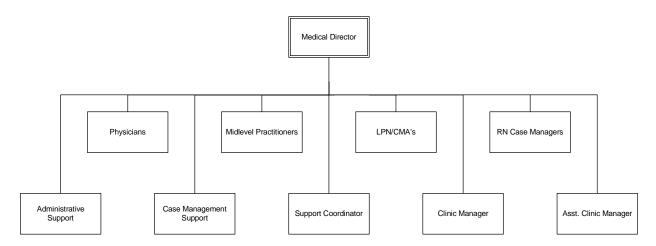
## HOURS OF OPERATION:

Anchorage Native  Anchorage  Native  4:30 p.m. – 8:00 p.m.	14 Providers, 14 LPN/CMAs, 16 Clerks, 26 RN-Case Managers 2 Providers, 2 LPN/CMAs, 2 Clerks	
Primary Care Center	Saturday 8:30 a.m 5:00 p.m.	2 Providers, 2 LPN/CMAs, 1 Clerk

#### **SERVICE LINE STAFFING PLAN:**

	Medical Director	1
	Physicians	24
	Midlevel Practitioners	5
Clinic Staffing	LPN/CMA's	25
	RN Case Managers	26
	Administrative Support	11
	Case Management Support	8
	Support Coordinator	2
	Clinic Manager	1
	Asst. Clinic Manager	2

#### **MANAGEMENT STRUCTURE:**



## **ANTHC/SCF - HEALTH INFORMATION SERVICES**

#### **SERVICES PROVIDED:**

Southcentral Foundation manages the Health Information Services staff working at the Anchorage Primary Care Center and the courier staff that delivers and tracks the medical records which are transported between ANMC and the Anchorage Native Primary Care Center.

The day to day operations of this program is provided by Health Information Services located in the hospital and is under ANTHC management. Health Information Services is responsible for six core processes. The first priority is to maintain patients' health information in a professional and confidential manner, in accordance with Federal regulations and State laws, and other accrediting agencies (i.e.: JCAHO). The second function is providing review and analysis of the medical record, processing transcribed discharge summary operative reports and official medical reports, coding of inpatient discharges and day surgery records, and maintaining a system that provides notification to physicians of incomplete and delinquent records to insure completeness of the record at the time of discharge. Third, the department provides data entry of the outpatient encounter into the patient care component of the electronic medical record. The fourth is coding compliance for outpatient coding for all out patient visits for primary care and specialty care,

coding all records for professional fees, providing 100% review of all visits, and providing provider education. Fifth, management of records by filing and storing completed medical records, pulling records for clinics, ER, admissions, research, billing, and reviews, controlling and tracking all records sent out of the department, and maintaining an offsite storage facility for semi-active records. The final responsibility is to manage release of medical information to patients, physicians, agencies and other institutions that need copies of records. Additionally, ROI deals with issues related to the release of medical records and the judicial system, i.e. subpoenas, court orders, and authorizations.

In 2001, the Health Information Services department implemented an in-house Chart Location System (CLS), which has ensured more accurate and timely retrieval of medical records within the hospital and PCC clinics. This tracking system with over 7.3 million scans has provided a minute by minute tracking history with audit trail of over 100,000 charts with out a single program system failure since it's inception.

In the second quarter of 2003 HIS rolled out another tracking tool designed for use exclusively by clinic personnel. CLS for Clinics, allows clinic personnel to check the location of any health record thereby reducing delays in the clinic locating the patient record. It is being requested by more clinics, as its value is being realized and published by participating personnel.

### **HEALTH INFORMATION SERVICES**

This past year in order to position the department to fulfill its part in the role of ANMC's track toward an electronic medical record; personnel and resource commitments were made in order actively develop a Document Imaging System. Protypical activities in programming, document imaging work flow processes, system design, system integration, facility needs assessment, return on investment, evaluation of third party vendor services, hardware needs assessment, procurement, and testing, resulted in an internal proposal of feasibility for program development. An unexpected need spurred a quickened developmental pace in response to a Business Office request for a document imaging solution for legacy file conversion of documents currently stored in the Lake Bldg. HIS computer information technology personnel are currently involved in the development and implementation of a solution at the behest of AHOT.

#### LOCATION:

The Health Information Services is physically located in the lower level of the Alaska Native Medical Center, with a satellite office on the second floor of the Anchorage Native Primary Care Center.

#### **GOALS OF HEALTH INFORMATION SERVICES:**

- To facilitate the transition to an electronic medical record.
- To maintain current documented and fully approved policies and procedures.
- To maintain confidential, secure, current, authenticated, legible, and complete health records.
- To provide on the job training and in-service education programs to all Health Information Services employees.
- To process request of copied information within 48 hours.
- Improve the process of tracking charts throughout the Medical Center and Primary Care Clinic.
- Charts are coded within 5-7 days of discharge
- Out-patient visits are coded within 5-7 days.
- Provide physician education and training on coding and documentation guidelines.
- Have records ready for professional fees billing within 10 days.

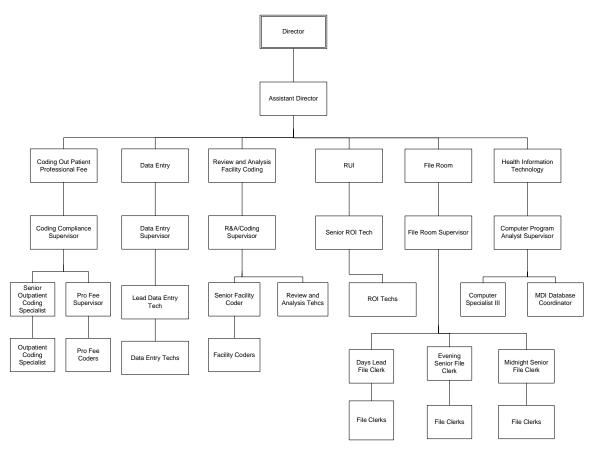
## **HEALTH INFORMATION SERVICES**

#### **SERVICE LINE STAFFING PLAN:**

Medical Record Technician	
File Clerk	
Runner	
Supervisor Med Rec Tech	

#### **MANAGEMENT STRUCTURE:**

## Southcentral Foundation Anchorage Native Primary Care Center



### **ANTHC/SCF IMAGING SERVICES**

## **SERVICES PROVIDED:**

Imaging services are provided at the Alaska Native Medical Center campus in two locations. The main imaging department is located within the hospital and provides most of the imaging exams. A satellite imaging outpatient department is located in the Anchorage Native Primary Care Clinic. Although there are two imaging sites, each is an integral part of the other. The Aegis PACS for ultrasound is connected to both sites. Both imaging sites are fully integrated with the Hospital Information System (HIS) and the Radiology Information System (RIS). Both sites are interfaced with the Imaging Services Picture Archival and Communication System (PACS).

The outpatient imaging services located in the Anchorage Native Primary Care Center are computed general radiography, mammography screening and ultrasound. The day-to-day department operation remains under the guidance of the main department.

The main imaging department in the hospital offers a full range of imaging services which include computed general radiography, digital fluoroscopic contrast studies, CAT scans (helical capability), mammography, stereotactic breast biopsies, MRI / MRA, ultrasound, portable radiography and C-arm portable radiography.

Process improvement projects during FY'02 and 03 have resulted in increased examination appointments for mammography, ultrasound, CT and MRI. Imaging Services is a part of the Health Care Quality Improvement Team 2003. The team focus is to continue quality improvement campus wide. Imaging Services and the Orthopedic Department are working on a project to improve patient care by reducing the communication errors in the radiology ordering process (ROE) by September 1, 2003

Imaging Services is a part of the ANTHC and Tantau & Assoc. Advance Access Collaborative Teams. These teams are designed to: improve access, improve office flows and efficiency, increased patient, provider and staff satisfaction and improved clinical outcomes and lower costs.

Imaging Services is participating in a benchmark program for a hospital Clinical Care Business Group (CCBC) and CQI team. This is projected to proceed in fiscal year 2004. It will be a multidisciplinary team focusing on projects to improve all clinics and inpatient care.

The department provides technical and professional expertise and training programs to other service unit hospitals and subregional clinics throughout the State. These training programs are offered at ANMC and on-site to regional hospitals and subregional clinics.

The department provides the opportunity to participate in a statewide teleradiology program for the regional hospitals and sub-regional clinics. Imaging Service Agreements for full radiological interpretation coverage have been implemented in Dillingham, SEARCH Juneau Medical Clinic, Barrow and upon request to Mt. Edgecombe Hospital in Sitka. On-site visits by a Radiologist are provided to Barrow and Dillingham.

Services are provided to all patients who have been referred through one of the ANMC Campus clinics/units or satellite clinics approved through SCF. All reports for Imaging Exams are sent to the ordering provider through the RPMS email system.

## **ANMC/SCF - IMAGING SERVICES**

#### GOALS:

- Reduce patient wait times for imaging services
- Decrease wait time for providers in receiving dictated reports.
- Increase the statewide teleradiology network with the regional hospitals and sub-regional clinics through Phase III of the Teleradiology program
- Reduce operating expenses while maintaining or improving the quality of service
- Establish and maintain a level of service which meet or exceeds MQSA requirements for Stereotactic Breast Biopsy
- To enhance revenue through the business office for imaging exams.

## HOURS OF OPERATION:

ANMC Imaging	Seven days a week 24 hours a day
Primary Care Clinic Imaging	Monday-Friday Radiology 10:00a.m 6:30 p.m. Mammography 9:00 a.m 4:30 p.m. Ultrasound 8:00 a.m 4:30 p.m.

# STAFFING PLAN:

# **ANMC**

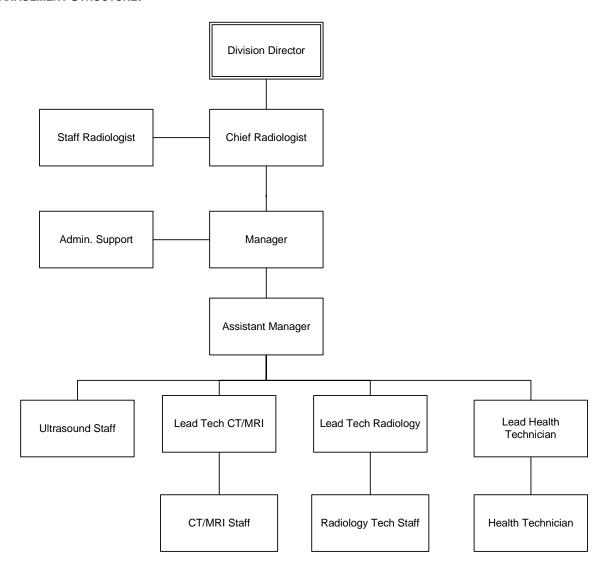
Chief Radiologist	1	Ultrasonographers	3
Staff Radiologist	6.5	Lead floor technologist	1
Radiologic Technologist	11	Lead mammography technologist	1
Lead CT/MRI technologist	1	Radiologic Tech. (Intermittent)	6
CT/MRI technologist	3	Manager	1
		Assistant Manager	1
Lead Health Technician	1	Health Technician	4
		Mammography/Radiologic Technologist	3
		Secretary	1

# **ANTHC/SCF - IMAGING SERVICES**

# **Anchorage Native Primary Care Center**

Mammography	1	Ultrasonographer	1
Radiologic Technologist	2	Health Technician	1

## **MANAGEMENT STRUCTURE:**



## **SCF - PEDIATRIC CLINIC**

#### **SERVICES PROVIDED:**

The Southcentral Foundation Pediatric Clinic is located in the Anchorage Native Primary Care Center and has been developed to be part of an Anchorage-based Pediatric Service Center that brings together the special services and expertise needed to achieve the highest level of health possible for the Alaskan Native child. The mission is to achieve optimal wellness of the Alaska Native and American Indian newborn, child and adolescent population and their families.

The Pediatric Service Center is managed with collaboration between SCF and ANTHC. This assures that services to patients from communities across the state receive care that best meets their needs. The Service Center provides services that combine Primary Care, Pediatric Specialty Care, Pediatric Intensive Care, Neonatal Intensive Care, and consultative care in three areas: Pediatric Outreach and Referral Program (field health), Ambulatory Care, and Inpatient Care. In day-to-day functioning these services overlap considerably and no one program stands alone.

### PEDIATRIC OUTREACH AND REFERRAL PROGRAM

- Statewide chronic disease registry with active tracking and case management.
- Twenty four (24) hours a day, seven (7) days a week phone consultative service utilized by regional physicians, public health nurses, school programs, and other agencies providing services to Alaska Native children statewide.
- Pediatric specialty consultative clinics at various regional sites.
- Work to improve the level of pediatric health care delivered at a regional level through medical education during field visits and teaching Perinatal Continuing Education, Pediatric Advanced Life Support, Neonatal Resuscitation Program, and Emergency Nurses Pediatric courses.
- Involvement with residual Alaska Area programs, such as the Immunization Program and the Center for Disease Control, to assist with developing and implementing programs aimed at improving statewide native child health.

## AMBULATORY CARE PROGRAM THROUGH THE CLINIC

- Primary care from birth to mid-adolescence for Anchorage Service Unit.
- Preferred provider and family options
- Pediatric consultative referrals for statewide providers.
- Pediatric subspecialty clinics in pediatric neurology (including neurodevelopmental evaluations), pediatric pulmonary, pediatric endocrinology, pediatric nephrology, pediatric urology, pediatric hematology/oncology, pediatric gastroenterology, cleft lip/palate, and genetics.
- Behavioral evaluations by pediatric psychologists and psychiatrists.
- Pediatric RN case managers coordinate care for Anchorage Service Unit patients and advocate for their needs.
- Pediatric RN case managers provide services for patients outside of the Anchorage Service Unit if they need care at the ANMC Campus, other hospitals in the Anchorage area, or services outside of Alaska. The case managers are the patients' advocate, ensuring their journey to physical, mental, emotional, and spiritual wellbeing.
- Pediatric physical therapy and speech and language evaluations and treatment.
- Breast-feeding support.

## **SCF - PEDIATRIC CLINIC**

#### GOALS OF THE PEDIATRIC SERVICE CENTER:

- To improve patient satisfaction by providing care in a convenient and fully accessible manner with minimal waiting
- To improve field colleagues' satisfaction by providing prompt and courteous responses to their needs.
- To improve employee satisfaction by providing a work environment, which promotes the respect and dignity or our co-workers.
- To develop a health care delivery program that promotes health, wellness and disease prevention, utilizing diversity, creativity, excellence, efficiency and economy.
- To support the shared governance nursing model as the framework for professional practice within Nursing Services.
- To promote a work environment which values nursing excellence, proficiency in application of professional nursing practice, evidence based nursing practice, and patient advocacy.
- To promote clinical education and development for all staff.
- To be recognized as the preferred provider for Anchorage inpatient care and outpatient consultative care among regional facilities by improved field health coordination, ease of access, communication and continuity.
- To minimize patient movement by bringing services to the patient in the form of admitting, EKG, and phlebotomy in the clinic and/ the Inpatient Unit.
- To provide appropriate physical therapy and speech therapy services to infants and children.
- To provide appropriate lactation support services.

### GOALS OF AMBULATORY SERVICES:

- To provide increased continuity and access to primary provider through advanced access.
- To increase immunization rates and promote healthy families and communities.
- To have same day availability to patients through advanced access to see their primary provider.
- To create a system that allows timely access for field consultations.
- To provide effective services to high-risk populations through programs such as Synagis, FAS evaluations, and home based services.
- To provide increased physical therapy, speech therapy and occupational therapy services in infants and children.
- To provide adequate levels of lactation consultation

### **HOURS OF OPERATION:**

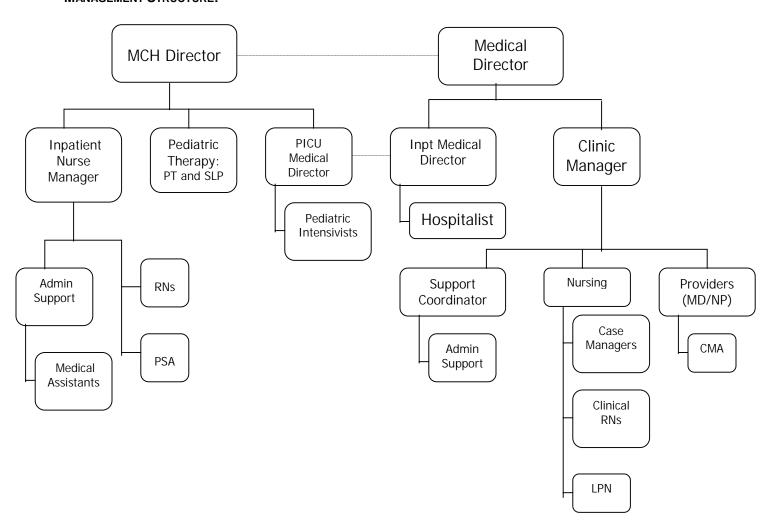
Anchorage Native Primary Care Center	MONDAY - FRIDAY 8:00 a.m 5:30 p.m.
Pediatric Clinic	<b>Saturday</b> 9:00-5:00
Evenings	MONDAY – FRIDAY 5:30 p.m 8:00 p.m.
Phone Triage	MONDAY – FRIDAY 8:00 a.m 4:00 p.m.

# **SCF - PEDIATRIC CLINIC**

## **SERVICE LINE STAFFING PLAN:**

ANPCC Clinic Staffing	
Pediatrician (Full Time)	5.75
Midlevel Practitioner	1
RN (Full-time)	1
RN (intermittent)	2
RN Case Managers	6
Clinic Manager	1
LPN/CMA	8
Clerk	8

### **MANAGEMENT STRUCTURE:**



## FLAGSHIP ROLE:

Alaska Area Pediatrics consultants State wide quality monitoring

-Data analysis

Birth weight
Infant mortality
FAS consultants
Infectious Disease Rates

- Case review/consultation on quality of care

Participate in the scheduling of citywide Pediatric Grand Rounds
National I.H.S. policy development
Annual I.H.S. Clinician's meeting

American Academy of Pediatrics-liaison with Subcommittee on Native American Child Health

All-Alaska Pediatric Partnership-membership on Planning and Oversight Committee financial support of Program Director position

Alaska State Birth Defect reporting

## FEDERAL PARTNERSHIP:

Provide care to Elmendorf AFB patients under Federal Partnership agreement through Pediatric Subspecialists. Utilize pediatric subspecialists at Elmendorf AFB for Native patients.

### **ANTHC/SCF - PHARMACY SERVICES**

#### **SERVICES PROVIDED:**

Southcentral Foundation manages the pharmacy staff working at the Anchorage Native Primary Care Center Pharmacy and the village field Pharmacy Program. The Anchorage Native Primary Care Center Pharmacy provides services for the Women's Health Clinic, Children's Clinic, Mental Health Clinic and Family Medicine Clinic.

Access to ANTHC pharmaceuticals are provided to beneficiaries seen at SCF managed facilities located in, Palmer, Talkeetna and Wasilla.

The ANTHC Medical Center Pharmacy services the Dental Clinic, Emergency Room and Urgent Care Center, ENT and Eye Clinic, Internal Medicine Clinic, Surgery Clinic and Orthopedic Clinic.

The Pharmacy Department at the Alaska Native Medical Center provides culturally sensitive comprehensive pharmaceutical care to outpatients living within the Anchorage Service Unit, inpatients admitted to the medical center and consultative services for patients and care providers from throughout the State of Alaska. Outpatient Pharmacy services are provided to several native corporation beneficiaries through a contractual arrangement with ANTHC. Care is provided to geriatric, adult, pediatric, and neonatal patients. Core pharmaceutical services include:

- Formulary management through the ANMC Pharmacy and Therapeutics Committee to ensure the provision of rational, cost effective therapy using the best and most appropriate medications
- Dispensing medications
- Counseling patients on safe and appropriate use of medications
- Providing Pharmacotherapy recommendations
- Monitoring medication treatment plans
- Procurement of pharmaceuticals utilizing sources to maximize budgetary potential
- Monitoring drug distribution through use of automated dispensing machines (Pyxis Medstations and Controlled Substances Safes) in the medical center
- Pharmacist-managed anticoagulation clinic
- Response to ANMC Code 99 pages
- Drug Information responses and consults
- Total Parenteral Nutrition (TPN) consult services
- Pharmacokinetic consult services

## **ANTHC/SCF - PHARMACY SERVICES**

January 1, 1999, Alaska Native Tribal Health Consortium assumed management of the staff working at the Alaska Native Medical Center Outpatient and Impatient Pharmacies. At this time Southcentral Foundation acquired 41% of the funding for Outpatient Pharmacy Services provided by ANMC Pharmacies and through a purchase agreement bought back Pharmacy Services as outlined in the Purchase Agreement. The day-to-day operational management of the pharmacy is occurring through the ANMC Chief who manages the staff, Quality Improvement programs, and all initiatives in one pharmacy package. This is to keep the seamless feel to the program, staff, and patient. The pharmaceutical budget is still being addressed as a single entity with no division of costs

## Standards and Guidelines for Practice of Pharmacy:

- Indian Health Service Standards of Practice
- American Society of Health-System Pharmacy Standards of Practice
- American Society of Enternal and Parenteral Nutrition Standards of Practice
- Pharmacy Procedures specific to ANMC
- National Clinical Practice Standards

## Staff Education and Development

- BLS certification of Pharmacists
- PALS certification is required for the Inpatient Pediatric Pharmacists and encouraged for others.
  - Annual skills assessment on age-specific competencies of Pharmacists
  - Continuing education as required by licensure or registration
- Promotion of Pharmacist Board Certification in Specialty Practice Areas

### **GOALS OF THE PHARMACY SERVICES:**

- Extend pharmacy services to other sites in the state to better utilize resources and improve patient care with better computer access and communications
- Deliver services to patients and other customers in a timely manner by eliminating unnecessary waits and delays in pharmacy processes

- Maximize revenue potential while continuing to provide the same standard of high quality patient care
- Improve patient teaching opportunities and outcomes, including customer satisfaction, by establishing pharmacist-managed clinics and utilizing the point of service model for all ambulatory patients and enhancing pharmacist involvement in collaborative interdisciplinary care for inpatients
- Improve documentation of patient teaching through online computer documentation at the point of service
- Work with other members of the patient care team to develop and implement care pathways that will standardize care and result in cost-effective therapy and improved patient outcomes
- Error proof the hospital utilizing rapid cycle improvements and interventions learned from the collaborative breakthrough series on adverse drug event and medication error prevention

## **ANTHC/SCF - PHARMACY SERVICES**

**INITIATIVES: PAST / CURRENT / FUTURE** 

# ☑ Major initiatives during the past two years

- Establishment of a pharmacist-managed Anticoagulant Clinic within the Family Medicine Clinic
- Developed pharmacy point of sale dispensing process to electronically bill and increase reimbursement from Medicaid
- Established contract Pharmacy services with Eyak Corporation.
- Expanded access to Pharmacy services for beneficiaries living in the MatSu valley.
- Developed and implemented a symptom triggered inpatient alcohol withdrawal protocol
- Completed review and revision of Pharmacy Procedures
- Installed an automated refill call in system
- Installed dispensing automation in Outpatient and PCC Pharmacies to decrease medication errors and improve efficiency
- Integrated automation in all pharmacies to tighten control of all controlled substances

### ☑ Current initiatives:

- Conducting pilot to assess automation that will be used to improve remote access to pharmacy services and reduce the potential for medication errors
- Implementing and expanding the HRSA approved demonstration project to provide innovative pharmacy services to remote Community Health Centers
- Expanding point of sale process to other 3<sup>rd</sup> party payers to increase revenue generation
- Developing an improved systematic, multidisciplinary process for reporting and analyzing medication errors and adverse events
- Providing statewide pharmacy services as appropriate
- Establishing contract pharmacy services with Seldovia and Dena'ina Corporation
- Developing excess pharmacist capacity to prevent future staffing shortages and sell excess capacity to regional sites to help them with staffing
- Decreasing inpatient medication errors by improving the order entry process and utilizing computer generated MARs and labels
- Improving discharge counseling process for inpatients
- Implementing a workload reporting system for the Inpatient Pharmacy
- Implementing a system for real time reporting of pharmacist interventions
- Implementing Inpatient Pharmacy program to ensure pharmacist first dose review

- Developing competency and orientation modules for staff
- Developing enhanced performance evaluations for Commissioned Officers

## **☑** Future initiatives:

- Annual review and revision of Pharmacy Procedures
- Review formulary for appropriateness
- Automate Pharmacy services when possible to maximize efficiencies
- Physician order entry of medications
- Electronic medication administration records

## **ANTHC/SCF - PHARMACY SERVICES**

Work with multidisciplinary teams to standardize patient care and improve outcomes

Develop Pharmacy HIV patient education and provider consult services

Expanded hours in the inpatient pharmacy

Implement Pharmacy Home Infusion program

Implement Mediset program to improve Pharmacy Services for patients in facilities in Anchorage such as the Pathway House

Implement telepharmacy program to improve pharmacy services provided in the rural ASU villages

Measures and Outcomes

Outpatient waits and delays measures

Pharmacy workload and pharmacist productivity measurements benchmarked

Pharmacy expenditures benchmarked

Medication error, adverse drug event reporting including near misses

Drug Utilization Review reports to Pharmacy and Therapeutics Committee

Anticoagulation clinic focused outcomes

Alcohol Withdrawal focused outcomes

HIV outcomes review

### HOURS OF OPERATION:

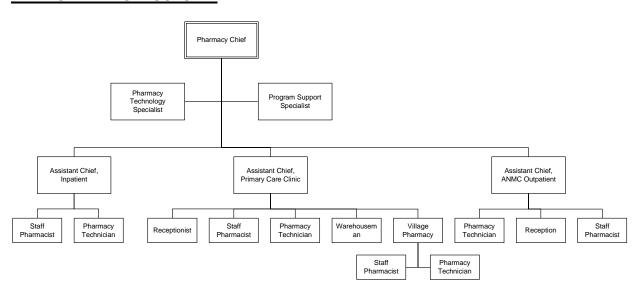
ANMC Outpatient Pharmacy	Wednesday 9:00am – 8:00pm All Other Days 8:00am – 8:00pm
Primary Care Clinic Pharmacy	Monday – Thursday 8:30 a.m8:30 p.m. Saturday 9:00 a.m. – 5:30 p.m.

# **PHARMACY SERVICES**

## **SERVICE LINE STAFFING PLAN:**

STAFFING PLAN ANMC OUTPATIENT PHARMACY STAFFING			
Assistant Chief Pharmacist	1	Pharmacy Technician	6
STAFF PHARMACIST	8	Receptionist	1
PRIMARY CARE CLINIC PHARMACY	STAFFIN	NG	
Assistant Chief Pharmacist	1	Receptionist	1
Staff Pharmacist	9	Pharmacy Technician	5
Receptionist	3		
INPATIENT PHARMACY STAFFING			
Assistant Chief Pharmacist	1		
Staff Pharmacist	7	Pharmacy Technician	4
VILLAGE PHARMACY STAFFING			•
Staff Pharmacist	3	Pharmacy Technician	1
	1		1
PROGRAM SUPPORT			
CHIEF PHARMACIST	1	PHARMACY TECHNOLOGY SPECIALIST	1
PROGRAM SUPPORT SPECIALIST	1		

# **MANAGEMENT STRUCTURE:**



## **SCF HEALTH EDUCATION**

#### SERVICES PROVIDED:

Programs currently offered under the Health Education department are Nutrition Services, Tobacco Education, Diabetes Education, Car Seat Program, Women's Health Education, Puppet Theater, BEAR Reading program, Organ and Tissue Donation Education, Injury Prevention, Chronic Pain Education and the Health Information Center. All of these programs offer patient education and/or counseling, dedicated to providing patients with an understanding of how they can be an active participant in their overall health and wellness. We use a culturally sensitive and interdisciplinary approach that focuses on wellness, awareness, prevention and treatment.

We serve patients of all ages and receive referrals from all clinics for a large variety of health related conditions. We are committed to providing health education to our patients, their families, communities and ANMC staff by preparing assessments and care plans, offering counseling and education and serving as consultants to various SCF off-campus community services. We collect, monitor and evaluate data for outcome measures. We offer same day access to our patients for clinics and educational classes, as well as scheduled private appointments. We follow critical pathway standards and the guidelines of professional organizations such as the American Dietetic Association, American Diabetes Association and the American Heart Association, American Counsel on Exercise and the Alaska Tobacco Control Alliance in our practices.

#### **HOURS OF OPERATION:**

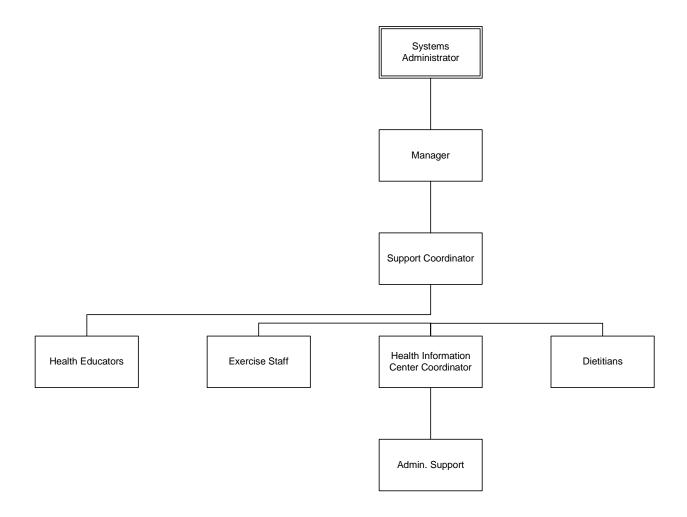
Office Hours	Mon-Fri 8:00 to 5:00pm
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## **SERVICE LINE STAFFING PLAN:**

Registered Dietitians	6	Exercise Physiologists	3
Exercise Technicians	2	Health Educators	8
Manager	1	Admin Support	3
Health Information Center Coordinator	1	Health Education Associates	2

# **SCF COMMUNITY HEALTH EDUCATION**

## **MANAGEMENT STRUCTURE:**



## **ANTHC/SCF - SOCIAL SERVICES**

#### **SERVICES PROVIDED:**

ANMC Campus Medical Social Services consists of two departments, which operate as a team to provide medical social work services for patients presenting in the Acute Care and Primary Care areas. The Social Services Departments serve ANMC patients in Anchorage and across the state. Patients of all ages and diagnostic categories are served. Due to the nature of practice at ANMC, there are also patients and customers in other states. The campus mandates to improve health care demands advocacy, program development, and social action for individuals and groups. The Social workers provide services in clinical, evaluation, and program development areas. Diagnoses, conditions and needs treated include psychosocial issues which present with care. Cases of varying intensity are served, including the most difficult and complex cases, which involve multiple issues and systems. Staff has developed programs for working with populations around issues such as medically complex children, children at risk for abuse/neglect, domestic violence, interdisciplinary review and discharge planning for CNS injury patients, and other high risk adults. The staff consults with and provides social work orientation and training for various regional health corporation hospital social work staff upon request. Specific services offered to acute care and primary care patients include crisis intervention. evaluation and problem solving (systems issues, behavioral problems, navigating multiple care systems and resources), liaison to family and community, patient/family assessment and services to accomplish safe discharge from care and continuity of care, resource referral, follow-up. The Acute Care and Primary Care Social Services Program Managers also have organizational duties.

The ANTHC Social Services Manager serves on and is staff to the ANMC Ethics Committee. The Ethics Committee performs mandated functions for ANMC, including ethics consultation and education.

The ANTHC Social Services Manager serves as Co-coordinator of ANMC Volunteer Clergy.

The SCF Social Services Manager is on the Level II committee of the SCF Pain Management Program and the Clinical Core Business Group.

ANMC is a clinical support service. Appropriateness of service provision is evaluated via monitoring of primary indicators, feedback in rounds, peer review and supervisory observation. The extent to which the level of service or care provided meets the patients' need is outcome based. Recognized standards or guidelines utilized include: ANMC Social Services Guidelines, ANMC Policies and Procedures, Federal and State laws and regulations and JCAHO Guidelines

### STAFFING CHANGES

- A social worker position was added to Acute Care Social Services to more adequately meet the volume of work.
- PCC Social Services added a Master's level Social Worker to Home-Based Services to address the increasing psychosocial need of Home-Based Services patients

## **SOCIAL SERVICES**

#### **MS4 AND SIGNATURE IMPACT**

- Acute care social workers are anticipating loss of alternate resource information on RPMS and plan to access this information MS\$ when it is no longer available on RPMS
- Acute Care social workers have secured signature access so as to have the information to coordinate social work activity with clinic visits.

### **HIPPA COMPLIANCE**

 Social Services initiated HIPPA compliance early with the Acute Care Manager serving on the HIPPA work group. This facilitated information sharing and making changes early in the transition process.

### **CROSS-DEPARTMENTAL IMPACT**

 Acute Care and Primary Care Social Services are highly interactive with clinical and clinical support services. There is cross participation in patient services, work groups, improvement initiatives and daily problem solving.

### **Goals of Social Services:**

- To be instrumental in reduction of inappropriate acute care stays and placement out of an individual's home area.
- To return patients to their primary care system as soon as possible.
- To provide case finding and services to promote wellness in the most socially at risk adult
  To develop a standard system of collaboration with providers in Women's Health and
  Family Medicine to provide social services as needed for prenatal patients.

## **Major Initiatives for 2002**

- Initiate standardized screening/referral tool for high risk adults to assure follow-up as patients change from input to out pt services
- Mentoring And Learning Opportunities For Professional And Leadership Development of Native Staff
- Focus on the Family as a whole unit when addressing issues of violence or abuse utilizing models such as the Family Wellness Warriors Initiative

### **Future Aims**

- To standardize social work assessment so as to further improve services
- To further Develop Social Services Bereavement Program And Activities which supports and compliments Existing Services to Increase Overall Access to Bereavement Support

### LOCATION

Social Work Services are provided within the Acute Care and Primary Care Social Services, on inpatient units, in clinics and in the community.

## **SOCIAL SERVICES**

### **ACCESSING SOCIAL SERVICES**

### ☑ Referrals - Written

Written inpatient referrals to ANTHC Social services are faxed to 729-1769. Referrals go to the worker or their back up covering that area.

Written SCF Primary Care referrals are faxed to 729-4010.

## ☑ Referrals - Verbal

Care providers, patients, families, schools, social organizations and other health care organizations often call the department directly. Referrals for emergent situations are often verbal. ANTHC Social Services Phone is 729-1770. SCF Social Services is 729-1780.

### ☑ Other Referrals

Social workers participate in rounds to give report on psychosocial issues, consult, gather information, and receive referrals and to case find.

#### ☑ Walk-In

Patients present needs for information, referral, and clinical social work.

#### HOURS OF OPERATION:

ANTHC	SCF
Social Services Staff	Social Services Staff
Monday-Friday	Monday-Friday
7:30a.m. – 4:30 p.m.	8:00 a.m. – 5:00 p.m.
After Hours	After Hours
On call Beeper	On call Beeper

#### SERVICE LINE STAFFING PLAN

### **ANTHC**

Manager, Social Services	1
Licensed Clinical Social Workers	3
Administrative Assistant	1
Social Service Assistant	1

## **SOCIAL SERVICES**

## **SCF**

Manager, Social Services	1
Licensed Clinical Social Workers	2
Master of Social Work (MSW)	3
Social Service Assistant	2

## **SCF - TRADITIONAL HEALING PROGRAM**

The Southcentral Foundation Traditional Healing Program offices are located in the Anchorage Native Primary Care Center. Traditional Healing Tribal Doctors consult with patients and clinical staff on matters concerning physical, mental, social, and spiritual health and illness. Through training (traditional and contemporary) and experience, develops and implements culturally relevant strategies appropriate to the perceived needs of the patients. Will consult with patients (with their consent) upon the request of the patient, family, physician, nurse, or other clinical staff.

When requested, serves as a member of the patient's multidisciplinary treatment team to evaluate the patient's immediate health needs and suggest and/or apply traditional treatment as indicated as an adjunct to care. Consult with appropriate treatment staff regarding patient's progress and needs. Will coordinate all activities with patient's physician, nurse, and other clinical staff – particularly in areas such as ICU/CCU, PICU, NICU, OR, and ER where services are often intensive and complex.

Reviews with the patient and other clinical staff the complete treatment history and suggest areas in which traditional healing practices and/or collaborative care are indicated. Focus will be holistic in nature with emphasis on global well-being. These treatment strategies may involve a wide spectrum of services that will complement, supplement, enhance and integrate with the patients existing treatment plan. Provide the following treatments with skill and understanding of the patient's needs:

- Healing hands and prayer.
- Songs and dance.
- Cleansing.
- Traditional plant medicine (requires the attending physicians' written order).
- Traditional foods (requires the attending physicians written order).

Culturally sensitive supportive counseling in coordination with social services, mental health professionals, and other clinical staff, e.g., family advocacy, healing with death and dying, grieving, issues of meaning and relationship to one's environment, spiritual wellness, etc

Healing practices not presented here require authorization by the attending physician.

Must refrain from practices that could be considered more invasive traditional practices such as poking, body manipulation, body or tissue penetration of any kind, and genital contact.

Participates in the development, evaluation, and presentation of training programs related to traditional healing practices and implement as directed by traditional healing staff.

## TRADITIONAL HEALING PROGRAM

Provides, at the request of patients or providers, culturally relevant consultations including, but not limited to:

- Translation and interpretive services.
- Patient education regarding treatment plans and/or medications.
- Patient status regarding the course of the treatment plan.
- The relationship of the treatment plan to the patient's traditional cultural practices and beliefs.

Participate in on-going review of patient satisfaction and quality related to culture activities provided through Alaska Native Medical Center/South Central Foundation. Maintains legible treatment records in a form required by ANMC/SCF.

Engages in teaching ANMC staff what Traditional Healing is and when a Traditional Healing referral is appropriate.

### GOALS OF THE TRADITIONAL HEALING PROGRAM:

## Goal One: Service Delivery (non hospital)

- The Service Delivery goal is to assure the provision of Traditional Healing Services, which meet the needs of Alaska Natives and American Indians.

## Goal Two: Program Management

- The Program Management Goal is to provide administration and management that will implement the delivery and facilitate the development of Traditional Healing Services for Alaska Natives and American Indians.

## Goal Three: Support Services

- Support Services Goal is to provide support services, which facilitate the management, development and enhancement of the Traditional Healing Program.

## **HOURS OF OPERATION:**

Office Hours	Monday through Friday	
	8:00 am – 5:00 pm	

### **PROGRAM STAFFING PLAN:**

Program Manager	
Tribal Doctors	
Programming & Development	
Administrative Support	

## **SCF - WOMEN'S HEALTH PATIENT SERVICE CENTER**

#### **SERVICES PROVIDED:**

The Women's Health Patient Service Center provides comprehensive obstetrical and gynecologic care on a primary basis to women living in the Anchorage Service Unit and on a referral basis for patients from the Alaska area. Ambulatory care includes infertility evaluation, pre-conception counseling, genetic counseling, adolescent care, prenatal care, lactation education, postpartum care, premature labor education, prenatal and parenting education, substance abuse counseling and follow-up care. Inpatient services include antepartum, labor and delivery, postpartum, cesarean section, high-risk obstetrical rounds and postpartum tubal ligation. Care absent from the service center and referred to other facilities is management of anticipated deliveries of infants at or below 32-34 weeks gestation or diagnosed with congenital anomalies requiring surgical intervention.

Primary and secondary gynecological care includes women's health screening, OB registration and education. STD evaluation and treatment, colposcopy and colposcopy follow-up, family planning, postmenopausal care, pelvic biofeedback, cancer follow-up, and management of gynecological disease.

Providers conduct field clinics at locations throughout the state, averaging 70 clinics per year. The Women's Health case managers coordinate care for patients coming to ANMC for diagnostic evaluations, specialized procedures or surgery. The service center provides a statewide PAP and mammography surveillance registry.

The service center clinic is physically comprised of 16 exam rooms located in the Anchorage Native Primary Care Center. As of March 1, 1998 these services are managed by Southcentral Foundation. The obstetrical inpatient unit consists of a 17-bed postpartum/antepartum unit, four (4) labor/delivery/recovery rooms, a C-section room, procedure room, nursery, testing room, conference and education rooms. Inpatient GYN services are provided on 5 west, which is administered by the Central Nursing Office. The unit consists of 23 beds, a shared exam room and shared conferencing space. The service center is supported by the Surgical Support Center consisting of the Ambulatory Surgery Center and seven (7) room-operating arena.

Special procedures performed within the Women's Health Clinic include colposcopy, cryotherapy, amniocentesis, endometrial biopsies, IUD insertions and removals, LEEP, Norplant insertions and removals, as well as NST and ultrasound surveillance within the Antenatal testing center.

Special procedures performed on ambulatory patients on the inpatient unit include, but are not limited to NST, AFI, biophysical profile, external version, cervical ripening and amniocentesis.

## GOALS OF THE WOMEN'S HEALTH PATIENT SERVICE CENTER:

- To minimize patient waits to less than 15 minutes for a scheduled appointment.
- To maximize integration with all primary care services.
- To maximize patient convenience and ease in accessing care
- To increase patient's options for accessing health care information by providing telephone advice.

## **WOMEN'S HEALTH PATIENT SERVICE CENTER**

- To develop an effective multidisciplinary process for patient evaluation, treatment plan development, communication and documentation.
- To support the shared-governance nursing model as the framework for professional practice within nursing services.
- To promote a work environment which values nursing excellence, proficiency in application of professional nursing practice, and involvement in improving nursing practice on campus.
- To enhance communication to and from the field.
- To encourage employee input and innovation.
- To utilize resources wisely.
- To maximize third party payer reimbursement.

#### **HOURS OF OPERATION:**

Women's Clinic	Monday – Friday 8:00 a.m 4:30 p.m. Monday – Friday 4:30 p.m 8:00 p.m.	2 - 3 Physicians 3 - 4 Midlevel Providers 1-2 Midlevel Providers or 1
Anchorage Native Primary Care Center (Evenings)	<b>Saturday</b> 8:00 a.m. – 4:30 p.m.	Physician 1 Midlevel Provider
Phone Triage/Case Managers	<b>Monday – Friday</b> 8:00 a.m 4:30 p.m.	5.5 Nurses
	24 hour triage on Inpatient Unit	

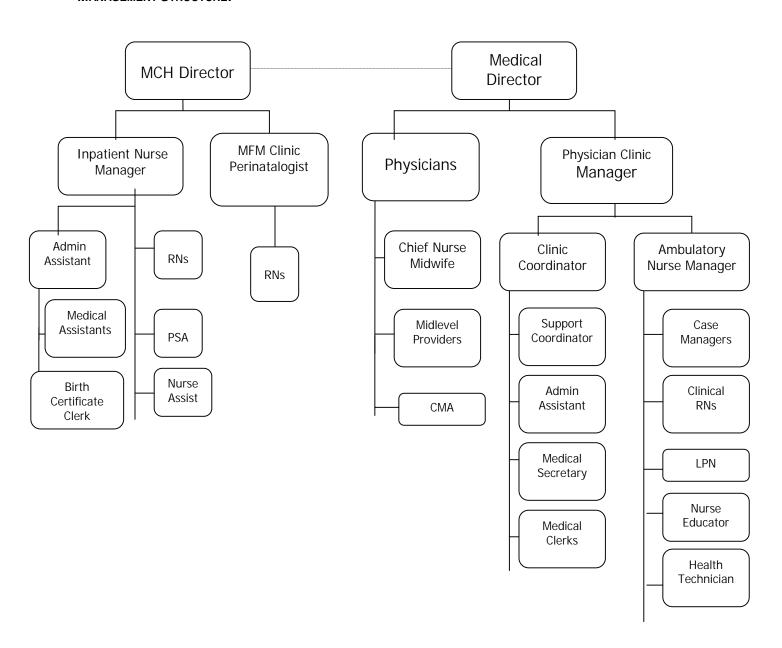
## **SCF - WOMEN'S HEALTH PATIENT SERVICE CENTER**

## SERVICE LINE STAFFING PLAN:

ANPCC Women's Clinic Staffing					
Physicians	9				
Midlevel Practitioners	7				
RN	3.5				
LPN	5				
Case Manager	5.5				
Certified Medical Assistant	3				
Health Technician	2				
Nurse Educator	1				
Medical Clerk	6				
Clinical Coordinator	1				
Support Coordinator	1				
Administrative Assistant	1				
Medical Secretary	1				

## **SCF - WOMEN'S HEALTH PATIENT SERVICE CENTER**

#### **MANAGEMENT STRUCTURE:**



## MAT -SU PALMER AREA

## **SCF**

#### SOUTHCENTRAL FOUNDATION

#### **POPULATION AND COMMUNITY DATA**

Included in the total summary

#### **LOCATIONS AND SERVICES OF EXISTING FACILITIES**

SCF has an office leased in Wasilla handling contract cases. SCF recently leased space in the Creekside Plaza to open a primary care facility in September,2004.

#### ADDITIONAL RECOMMENDATIONS FOR FACILITIES OR SERVICES

Full service primary care clinic integrating family, pediatric, and women's wellness clinics with integrated behavioral health services to serve residents of the Mat-Su Valley.

#### PRIMARY SERVICE DELIVERY PLAN

Southcentral Foundation currently has contractual agreements with several healthcare providers in the Mat-Su/Palmer area. These healthcare providers offer primary medical care services to eligible Alaska Native and American Indian beneficiaries in the Matanuska and Susitna valleys.

After-hours urgent care concerns can be addressed at AIC in Wasilla or at the Valley Hospital Emergency Room in Palmer. Patients who need admission to the hospital will be assessed at the Valley Hospital Emergency Room. Southcentral Foundation will pay for the patient to stay at Valley Hospital until he or she is medically stable. The patient will then be taken to Alaska Native Medical Center in Anchorage unless the patient has another payer source and decides to stay at Valley Hospital and pay with her or his own funding. SCF will pay for ambulance service to Valley Hospital. The ANMC Contract Health Department will fund ambulance transportation from Valley Hospital to ANMC once the patient is medically stable.

The Mat-Su Valley is home to about 9% of Alaska's total population and is the fasted growing part of Alaska. Of the estimated 65,000 persons living in the Valley, approximately 5,400 of them are Alaska Native. The two main tribal entities present in the Valley are Chickaloon and Knik.

After-hours urgent care concerns can be addressed at AIC in Wasilla or at the Valley Hospital Emergency Room in Palmer. Patients who need admission to the hospital will be assessed at the Valley Hospital Emergency Room. Southcentral Foundation will pay for the patient to stay at Valley Hospital until he or she is medically stable. The patient will then be taken to Alaska Native Medical Center in Anchorage unless the patient has another payer source and decides to stay at Valley Hospital and pay with her or his own funding. SCF will pay for ambulance service to Valley Hospital. The ANMC Contract Health Department will fund ambulance transportation from Valley Hospital to ANMC once the patient is medically stable.

In the years to come, SCF hopes to build a state of the art clinic in the Mat-Su Valley. This facility would give Natives who live in the Mat-Su Valley, access to almost all the services currently offered in Anchorage. In the interim, SCF is pursuing a smaller scale primary care clinic to be located in the Creekside Plaza in Wasilla.

Once SCF establishes its new clinic in the Valley, service delivery for Native patients will change. Staff for the new clinic is currently estimated at (21) twenty-one. In addition to family medicine, dental, radiology, and behavioral services; SCF will also begin providing wellness services to include diabetes education and the FISH program. Other services will be added over time.

## **Existing Locations and Hours**

#### **AIC**

950 East Bogard Road, Suite 233 Wasilla, AK 99654 (907) 352-2880 9 a.m.-9 p.m., every day

#### **VALLEY HOSPITAL EMERGENCY ROOM**

515 East Dahlia Avenue Palmer, AK 99645 (907) 746-8600 7 days a week, 24 hours per day

#### SUNSHINE COMMUNITY HEALTH CENTER

Mile 4.4 Talkeetna Spur Road P.O. Box 787 Talkeetna, AK 99676 After-hours: (907) 733-2348

#### VISITING PROFESSIONAL SUMMARY

All visiting professionals will come from ANMC or SCF primary care center.

## STATEWIDE REFERRAL DELIVERY PLAN

EMS and ER services will be provided locally by contract. All other services will be provided through ANMC or SCF primary care.

## **CONTRACT HEALTH SERVICE RECOMMENDATIONS**

The current contracts would be phased out as new clinic became functional. The new clinic would provide direct healthcare to Native clients with referrals directly to ANMC. This will make our operation much more efficient and effective as it relates to our client base.

## MC GRATH AREA VILLAGES

# SCF SOUTHCENTRAL FOUNDATION

## **POPULATION AND COMMUNITY DATA**

Included in the total summary under SCF, Anchorage

## ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

- A sub-regional primary care clinic in McGrath
- Village built clinics in Takotna and Nikolai
- Would like to see videoconferencing for the McGrath Health Center. Current bandwidth is adequate for telemedicine and tele-radiology but not for live video consults.

## **LOCATIONS AND SERVICES OF EXISTING FACILITIES**

## **EXISTING FACILITIES**

Health Facility	Size of facility (Sq. feet or Sq meters)	Location	Year Constructed
McGrath Health Center	1858 sf	McGrath City Building	Approx. 1900's
Takotna Clinic	640 sf	Takotna Community Building	1984
Nikolai Clinic	480 sf	Nikolai City Building	1982

## **SERVICES AND STAFFING AT EXISTING FACILITIES**

Health Facility	Services Provided	Number of staff	
McGrath Health	Primary Care (NP/PA-c)	6.75 FTE	
Center	CHA/P	(2) Midlevel Practitioners	
	Emergency Services	(1) CHA/P	
	Elder Services	(1) Health Educator	
	Health Education	(.75) CHR	
	Medicaid Travel	(1) Manager	
		(1) Admin Support	
Takotna Clinic	CHA/P	1.5 FTE CHA/P	
	Emergency Services		
Nikolai Clinic	CHA/P	2.0 FTE CHA/P	
	Emergency Services		

## PRIMARY SERVICE DELIVERY PLAN

The McGrath Health Center services patients in the Upper Kuskokwim villages of McGrath, Takotna, Nikolai, Telida and Medfra.

MCGRATH - The community of McGrath, Alaska is the transportation hub for villages in the surrounding area. The community of McGrath has an independent volunteer EMS squad. This group works with the statewide Alaska EMS system. Currently ETT/EMT instructors must be flown in from Anchorage and paid a daily per diem of \$125. There is a local K-12 school in McGrath and the Iditarod Area School District central office is located there. The clinic is located in very close proximity to the school and SCF staff helps coordinate school physicals, health fairs and other educational events with the school. State of Alaska Public Health Nurses have historically provided three or four visits annually in McGrath to provide Well Child Care, Women's Health Clinics, and immunizations. The PHN position assigned to this area has been vacant for over a year. We were recently advised that the position has been filled and visits to the area will resume, pending the availability of state travel funds.

The area's combined mental health and alcohol program, 4Rivers Counseling Services, will be defunded by the State of Alaska this year. In an effort to reduce state spending, the State has closed down small independent behavioral health centers, such as 4Rivers, and shifted services to larger health corporations. The 4Rivers catchment area was split in two and a large part of the service area will be assumed by SCF. Although planning is still in the very early stages, SCF intends to co-locate behavioral health services and medical services when a replacement clinic is built in the next few years. This arrangement will improve coordination of services once behavioral health is integrated organizationally and clinically with the health center.

MEDFRA – While only three full-time residents live in Medfra, many residents from other villages use this area for traditional subsistence activities, particularly in summer. Medfra has no clinic and no Community Health Aide. Access is by chartered air service only, and is located 25 air miles from McGrath.

NIKOLAI - Nikolai is located 34 air miles southeast of McGrath on the South Fork River. Principal transportation is by boat or by scheduled daily air service to McGrath, except on Sundays. A round trip ticket is \$116. Like most small Alaskan village clinics, the Nikolai clinic is staffed with 1.5 FTE Community Health Aides/Practitioners (CHA/P). The CHA/P's are in close contact with MHC staff on referrals and needed follow up. Clinical supervision is done through the SCF Family Practice Unit, as required by CHA/P program protocols. State of Alaska Public Health Nurses have historically provided two to three visits annually in Nikolai and provide Well Child Care, Women's Health Clinics, and immunizations.

TAKOTNA - Takotna is located just 13 miles west of McGrath and is accessible only by boat or by plane. Flights are scheduled daily except on Sundays. Round trip airfare is \$92. Although smaller than Nikolai, the Takotna clinic is also staffed with 1.5 FTE Community Health Aides/Practitioners (CHA/P). The CHA/P's contact MHC staff on referrals and needed follow up. SCF's Family Practice Unit, as required by CHA/P program protocols provides clinical supervision.

TELIDA - Telida, the smallest federally recognized village in the area and is located the farthest from McGrath at 69 miles northeast. Air service is available at \$365 per round trip. Telida is so small that it has no village clinic. The 2000 U.S. census shows three people living in this village with additional individuals living in the area. The MHC Community Health Representative (CHR) follows up regularly with patients from this community.

## **VISITING PROFESSIONAL SUMMARY**

Health Facility	Schedule of Part-time clinics	Schedule of Visiting Professionals
McGrath Health Center		FMC Provider
		Dentist
		Optometry
		Chiropractor
		Mobile Mammogram Unit
		Locums
		Public Health Nurse
Takotna		FMC Provider
Nikolai		FMC Provider
		Dentist
		Optometrist
		Public Health Nurse

## STATEWIDE REFERRAL DELIVERY PLAN

Health Facility	Secondary Referral Location	Specialty Referral Location	Tertiary Referral Location
McGrath Health Center	ANMC	ANMC	ANMC
Takotna Clinic	McGrath Health Center	ANMC	ANMC
Nikolai Clinic	McGrath Health Center	ANMC	ANMC

Note: Currently non-Native patients are referred to their choice of Providence, AK Regional, or a private physician.

## **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

None noted

## NILAVENA SUB -REGIONAL CLINIC

# SCF SOUTHCENTRAL FOUNDATION

## POPULATION AND COMMUNITY DATA

Included in the total summary under SCF, Anchorage

## **LOCATIONS AND SERVICES OF EXISTING FACILITIES**

## **EXISTING FACILITIES**

Health Facility	Size of facility (sa ft or sa meters)	Location	Year Constructed
ricallii aciiity	(39 11 01 39 11101013)	Location	Todi Odristi deted
Nilavena Subregional Clinic	8960 sq ft	Iliamna	2003

## **SERVICES AND STAFFING AT EXISTING FACILITIES**

HEALTH FACILITY	SERVICES PROVIDED	NUMBER OF STAFF
Nilavena	Primary Care (NP/PA-c)	6 FTE
Subregional	CHA/P	(2) Midlevel Practitioners
Clinic	Emergency Services	(1) CHA/P
	Health Education	(1) Manager
	Pharmacy	(1) Maintenance Tech
	Lab	(1) Admin Support
	Radiology	
	Dental	
	Telemedicine	

## PRIMARY SERVICE DELIVERY PLAN

The Iliamna Lake Area Villages of Newhalen, Iliamna, Nondalton, Kokhanok, and Pedro Bay received recurring health care funding a few years ago for additional primary care services. These villages left this funding with Southcentral Foundation (SCF) in order for SCF to provide a higher level of primary care services to the area.

In April 2002, SCF received a grant from the Denali Commission to construct a 8,900 square foot health care facility that would serve communities in the Iliamna Lake area. Construction began in fall of 2002 and the clinic opened in June 2003.

SCF is working collaboratively with each of the Iliamna Lake Area villages and with Bristol Bay Area Health Corporation (BBAHC) to coordinate the operation of this new sub-regional clinic, which supports a staff of Midlevel providers and Community Health Aides. Itinerant Dentists, Optometrists, other specialists, as well as Mental Health/Substance Abuse Counselors will also be providing services from the health center.

Recognizing the need for a higher level of healthcare, the Nilavena Subregional Clinic project began in 1999 by the villages of Iliamna, Newhalen, Nondalton, Kokhanok and Pedro Bay. These

communities enlisted Southcentral Foundation's assistance to plan, develop and construct a facility. During the planning phase, the five villages plus Igiugig and Port Alsworth, formed a consortium called Nilavena Tribes, Inc. with representatives from each area.

Two Midlevel PA's with visiting Specialty Providers twice per year presently, with intent to increase services to quarterly in the future, provide services in the Nilavena Subregional Clinic. Dental services are also provided twice a year to each of the five villages that focuses primarily on pediatrics. Behavioral Health providers are also brought into Dillingham semi-annually from BBAHC as well as Audiology and Optometry on an annual basis. BBAHC employs the Community Health Aides who practice in each respective village clinic and itinerant dentists to Igiugig and itinerant alcohol/drug counselors. The x-ray equipment is utilized frequently for all of the clinics listed above by our Physician Assistants.

#### **VISITING PROFESSIONAL SUMMARY**

Health Facility	Schedule of Part-time Schedule of Visiting	
	clinics	Professionals
Nilavena Subregional		FMC Providers
Clinic		Dentist
		Locums

## STATEWIDE REFERRAL DELIVERY PLAN

Health Facility	Secondary	Specialty Referral	Tertiary Referral
	Referral Location	Location	Location
Nilavena	ANMC	ANMC	ANMC
Subregional Clinic			
Iliamna Clinic	Nilavena	ANMC	ANMC
	Subregional Clinic		
Newhalen Clinic	Nilavena	ANMC	ANMC
	Subregional Clinic		
Nondalton Clinic	Nilavena	ANMC	ANMC
	Subregional Clinic		
Kokhanok Clinic	Nilavena	ANMC	ANMC
	Subregional Clinic		
Pedro Bay Clinic	Nilavena	ANMC	ANMC
	Subregional Clinic		
Igiugig Clinic	Nilavena	ANMC	ANMC
	Subregional Clinic		

Note: Currently non-Native patients are referred to their choice of Providence, AK Regional, or a private physician.

## **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

None noted.

## CHICKALOON VILLAGE TRADITIONAL COUNCIL

## **LOCATION/ GEOGRAPHY**

The community of Chickaloon is located in the Matanuska-Susitina Borough within a two-hour drive of Anchorage, and approximately 26 miles northeast of Palmer and Wasilla.

## **ORGANIZATIONAL DESCRIPTION**

## **HEALTH SERVICES PRIORITIES**

Helping Our People Receive Quality Health Care

**Chickaloon Native Village Community and Health Facility Data Summary** Inpatient Services Provided By Laboratory Services Provided **Tertiary Services Provided** PCPV Projected to 2015 2000 AN/AI Census Pop. **Existing Health Facility Nearest Hospital** 2002 User Pop. Community **Federally Recognized Tribe** 10|36|10|34|VC|VMC Chickaloon Chickaloon Native Village **ANMC Total** 10 36 10 34

VC: Village Clinic

ANMC: Alaska Native Medical Center VMC: Valley Medical Center

#### **LOCATION AND SERVICES OF EXISTING FACILITIES**

## **EXISTING LOCATIONS**

Chickaloon Clinic, in Chickaloon, AK

## **HEALTH SERVICES PROVIDED**

## **CHICKALOON CLINIC**

СНА	Primary Care	Pharmacy Outpatient	Radiology	Dental	Behavioral Health	Tele Med	Elder Programs	EMS	PHN
✓									

## PRIMARY SERVICE DELIVERY PLAN

Provides emergency transportation and patient transportation for Chickaloon Village tribal citizens. Setting up appointments for any I H S beneficiary living in Chickaloon, Sutton, Butte and Palmer (to the Seward Meridian), especially dental appointments

## **VISITING PROFESSIONAL SUMMARY**

None noted.

## STATEWIDE REFERRAL DELIVERY PLAN

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
rtoronal Location	ANMC	Troisiral Education

## **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

None noted.

# NATIVE VILLAGE OF EKLUTNA

## **LOCATION/ GEOGRAPHY**

The Native Village of Eklutna (NVE) is located at mile 26.5 off the Glenn Highway, within the boundaries of the Municipality of Anchorage.

## **ORGANIZATIONAL DESCRIPTION**

NVE is the only tribally owned land within the 1,252,640 acre Municipality. In 1991, NVE began to administer the health services consisting of the following programs:

Tribal Management Support, Rural Alcohol, Community Health Representative (CHR), Emergency Medical Services, Child Mental Health Program and Community Health Care

Eklutna Native Association
Community and Health Facility Data Summary

	Communit	y and nealth racility Data St	41111	IIGI	y							
	Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	it services Provided	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Eklutna		Eklutna Native Village	24	52	19	66	VC	Δ	NN	ИС		
Total			24	52	19	66						

VC: Village Clinic

ANMC: Alaska Native Medical Center

## **HEALTH SERVICES PRIORITIES**

- Teaching (health): diet, medication, family dynamics, family counseling
- Health Maintenance: Health standards. Blood pressure control, weight loss (obesity being a diabetic factor) Stiffens give for gym, bicycles, walking
- Emergency Care

## ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

## **LOCATION AND SERVICES OF EXISTING FACILITIES**

#### **EXISTING LOCATION**

 Eklutna Village Clinic Home visits are also provided

## **HEALTH SERVICES PROVIDED**

СНА	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	TeleMed	Elder Programs	EMS	CHR
	✓	✓	✓			✓		✓	✓	✓

## PRIMARY SERVICE DELIVERY PLAN

Primary care for families for all age groups from chronic to urgent. Both walk-ins and appointments are accepted. Services are provided for both Native and non-Native patients of the community. These services are rendered to the insured and non-insured with sliding scale as an option. Policies are being devised on an ongoing basis as needs arise. Pharmaceuticals are dispensed as needed at cost only.

## **VISITING PROFESSIONAL SUMMARY**

None noted

## STATEWIDE REFERRAL PATTERN

Clinic	Secondary Referral Location	Specialty Referral Location
Eklutna Village Clinic	Specialist, ANMC as needed,	ANMC, other specialties
	x-rays, mammograms	

## CONTRACT HEALTH SERVICES RECOMMENDATIONS

None noted.

## KNIK TRIBAL COUNCIL

## **LOCATION/ GEOGRAPHY**

Knik is located in the Matanuska-Susitina Borough on the west bank of the Knik Arm of Cook Inlet.

## **ORGANIZATIONAL DESCRIPTION**

## **HEALTH SERVICES PRIORITIES**

Knik Tribal Council
Community and Health Facility Data Summary

	Community and Health	н Га	CIII	.y L	ala	Sullil	ııaı y					
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Knik Village	Knik Tribe	2	55	1	2	None	VMC		Α	NM	0	
Total		2	55	1	2							

ANMC: Alaska Native Medical Center

VMC: Valley Medical Center

## **LOCATION AND SERVICES OF EXISTING FACILITIES**

## **EXISTING LOCATIONS:**

There is no existing clinic location

## **HEALTH SERVICES PROVIDED**

The tribe contracts with I H S to provide non-emergent local transportation services to tribal members. They also purchase limited medical, vision and dental contract health services in the Wasilla area for tribal members.

СНА	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	TeleMed	Elder Programs	EMS	PHN

## PRIMARY SERVICE DELIVERY PLAN

The services are arranged through contracted providers.

## **VISITING PROFESSIONAL SUMMARY**

Not applicable

## STATE WIDE REFERRAL DELIVERY PLAN

Not applicable

## CONTRACT HEALTH SERVICES RECOMMENDATIONS

None noted.

## SOUTHCENTRAL ALASKA

## Kenai Peninsula

- → Kenaitze Indian Tribe, IRA
- → NINILCHIK VILLAGE TRADITIONAL COUNCIL
- → SELDOVIA VILLAGE TRIBE
- → TYONEK, NATIVE VILLAGE OF

## POPULATION DESCRIPTION

- Kenaitze Indian Tribe, IRA
- Ninilchik Village Traditional Council
- Seldovia Village Tribe
- Tyonek, Native Village of

The Native people of this area are Athabascan Indians and Alutiq. They comprise roughly 9% of the population in the area. Unemployment in this region is currently about 13%: jobs are based on resource development, tourism and services. Migration is fairly high, with more than half of the population having moved in the last five years. This region appears to be benefiting from the movement of population from the more rural areas of the State. The census figures for this region are about 58% higher than the user population data, perhaps because of the relatively easy access to other sources of health care. The HSP projection shows a net loss of population by 2015. The census-based projection shows an increase of 26%.

2000 Census Count	3814
2002 User Population	2414
2015 Census Population Projection	4701
2015 User Population Projection	2063

Because of declining birth rates, the number of children in the region will decline slightly over the next decade, while the number of elderly will increase.

## **Regional Age and Sex Distribution**

	Males												
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total						
2000	419	331	182	771	121	80	1904						
2015	334	300	298	965	300	210	2407						
Change	80%	91%	164%	125%	247%	262%	126%						
			Fen	nales									
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total						
2000	355	301	174	786	111	103	1830						
2015	310	273	259	912	304	237	2294						
Change	87%	91%	149%	116%	273%	231%	125%						

## KIT KENAITZE INDIAN TRIBE, I.R.A. (KIT)

## **LOCATION/GEOGRAPHY**

Kenai, Alaska lies on the western boundary of the Kenai National Wildlife Refuge, on the Kenai Spur Highway. It is approximately 65 air miles and 155 highway miles southwest of Anchorage via the Sterling Highway.

## **ORGANIZATIONAL DESCRIPTION**

The clinic is located in Kenai on the Kenai Peninsula. The Kenaitze Indian Tribe (KIT) opened the Dena'ina Health Clinic in December of 1982 at the former Wildwood Air Force facility. It moved to it's present location in 1985 providing both health and dental wellness care and acute emergent services to Alaska Natives and American Indians who present themselves for care. The KIT service unit consists of the following communities: Clam Gulch, Cooper Landing, Kasilof, Kenai, Nikiski, Soldotna and Sterling. Dena'ina Health Clinic services include medication dispensing, laboratory and radiological in addition to specialty clinics in diabetes, internal medicine, pediatrics, nutrition, acute counseling clinic offered 1 day a week and tobacco education cessation.

Kenaitze Indian Tribe
Community and Health Facility Data Summary

	Community and near	i i ac	iiity i	Jala	Juill	ıııa	ı y			
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By Tertiary Services Provided By	Laboratory Services Provided By Pharmacy Services Provided By	Radiology Services Provided By
Cooper Landing		9	18	10	36		CPGH	ΑN	NMC	
Funny River		0	22	0	0		CPGH	1A	NMC	
Kalifonsky		0	430	0	0		CPGH	1A	NMC	
Kenai	Kenaitze Indian Tribe	819	842	689	2551	RC	CPGH	ΑN	NMC	
Nikiski		113	437	109	369		CPGH	ΑN	NMC	
Ridgeway		1	152	0	0		CPGH	ΑN	NMC	
Salamatof	Village of Salamatof	1	213	0	0		CPGH	ΑN	NMC	
Soldotna		490	260	417	1491		CPGH	ΑN	NMC	
Sterling		55	216	51	191		CPGH	ΑN	NMC	
Wildwood		1	0	0	0		CPGH	1A	NMC	
Unspecified		0	9	0	0		CPGH	AN.	NMC	
Total		1489	2599	1276	4638					

CPGH: Central Peninsula General Hospital ANMC: Alaska Native Medical Center

## **HEALTH SERVICES PRIORITIES**

- 1. Diabetes Education and Support
- 2. Healthy Life Styles: Activities, Nutrition, and Risk Behaviors
- 3. Wellness Exams All Ages
- 4. Teleradiology
- 5. Physical Therapy (a limited number of modalities)

## ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

Need to add physical therapy modalities as we have many patients who need it but Contract Health funds are not available to support it locally. Problem is patients cannot travel to Anchorage once a week much less multiple times in a week over extended periods of time to engage in an effective physical therapy program. It would be a blessing to add this specialty to the clinic as many of our patients are on pain medication due to unavailability of physical therapy for whatever reason.

Teleradiology is overdue at this site. We have vintage equipment and turn-around times for reads are unacceptably long. We need to update and replace as soon as possible.

## **LOCATION AND SERVICES OF EXISTING FACILITIES**

Dena'ina Health and Dental Clinics, 416 Frontage Road, Suite 200 Kenai, AK 99611

SERVICES	
✓ Primary Care	✓ Behavioral Health
✓ Minor surgery	✓ Tobacco Cessation Education
✓ Lab	✓ Specialty Clinics:
✓ X-ray	• I.M.
✓ Telemedicine	<ul> <li>Pediatrics</li> </ul>
✓ Pharmacy, Outpatient	· Diabetes
✓ Dental	<ul> <li>Nutrition</li> </ul>

#### PRIMARY SERVICE DELIVERY PLAN

Our primary care clinic open 6 days a week from 9 - noon and 1 - 5 p.m., walk-in hours run 9 - 11 a.m. and 1 - 3 p.m. We offer wellness and physical exams for all ages, laboratory and radiology services and minor surgery. One day a week we offer mental health counseling service and  $\frac{1}{2}$  day a month a Psychiatrist is on site to diagnose and order medications for our psychiatry patients.

Dental program offers full-time dental care with emphasis on prevention (yearly exams, fluoride treatment up to age 16, sealants, and education on oral hygiene).

KIT Dena'ina purchases outpatient contract health services from private providers on the Kenai Peninsula.

#### VISITING PROFESSIONAL SUMMARY

SPECIALTY	VISITS PER MONTH
Internal Medicine	1 per mo
Psychiatry	1 per mo
Diabetes	Semi-annual x2
Pediatrics	Semi-annual x2
Mental Health Counseling	1 per wk
Nutrition Counseling/Therapy	Quarterly

## STATE-WIDE REFERRAL DELIVERY PLAN

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
	ANMC	ANMC

## **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

Efficiency and effectiveness would be improved per patients if their health care needs could be met locally by non-Natïve hospital.

Efficiency: Contract for inpatient stays (not all but for those not requiring tertiary care) with local hospital would save travel costs not only for patient but also for accompanying family members needing accommodations.

Effectiveness: Quality of care would be enhanced with patient close to home with family and friends in attendance. Have studies been done showing dollar savings for care closer to home, i.e., decreased length of stay?

#### **NINILCHIK TRADITIONAL COUNCIL**

## **LOCATION/ GEOGRAPHY**

Ninilchik is located along the west coast of the Kenai Peninsula on the Sterling Highway.

## **ORGANIZATIONAL DESCRIPTION**

The Ninilchik Traditional Council (NTC) is the Federally and State recognized governing entity of the Ninilchik VillageTribe. NTCl governs an area encompassing about 2,000 square miles. The NTC Board of Directors consisting of five members provides direction to the administration of the NTC health programs.

NTC is a Title I contractor with the Indian Health Service and operates the Ninilchik Community Clinic under the direction of an Executive Director through the following full and part time clinic positions:

Clinic Director

Clinic Business Manager

Community Health Aide Program Director

Clinic Medical Billing Officer

Certified Physician Assistant

Advanced Nurse Practitioner

Community Health Aide

Alcohol Program Director

Adult Alcohol Prevention Program Manager

Youth Alcohol Prevention Program Manager

Community Health Services' Manager

Community Health Service Worker Elder's Outreach

Clinic Front Desk Receptionist

Clinic Cleric Support Medical Records Person

Ninilchik Traditional Council
Community and Health Facility Data Summary

Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	I to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By Tertiary Services Provided By	Laboratory Services Provided By:	Services Provided	Radiology Services Provided By:
Anchor Point		59	118	50	183		CPGH	Α	NMC		
Clam Gulch		18	10	17	68		CPGH	Α	NMC		
Cohoe		1	90	0	0		CPGH	Α	NMC		
Happy Valley		0	46	0	0		CPGH	Α	NMC		
Kasilof		65	29	54	179		CPGH	Α	NMC	)	
Nikolaevsk		5	17	4	17		CPGH	Α	NMC		
Ninilchik	Ninilchik Village Traditional Council	129	128	115	443	RC	CPGH	Α	NMC	)	
Unspecified		0	0	0	0		CPGH	Α	NMC	)	
Total		277	438	240	890						

RC: Regional Clinic

## **HEALTH SERVICES PRIORITIES**

The NTC has identified several priorities:

- Promotion of the health, education, welfare and social well being of the Tribe
- Furthering their members' contribution to the larger society through the advancement of health
- Encourage the best possible socio-economic future of the Tribe through the promotion of healthy families, and a healthy community through the promotion of healthy choices in alcohol, substance abuse, smoking and through the prevention of Diabetes and Domestic Violence.

## ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICE, FACILITIES

There is a need to remodel and enlarge the existing Ninilchik Community Clinic to increase patient care space. On December 12, 2003, we had an ANTHC complete "Code and Condition Survey"

There is a need for teleradiology. Currently we have telemedicine with increased connectivity through a T1 and telephone communication capacity. We are working toward teleradiology services. For the present we provide x-ray studies of the chest and extremities. We maintain an x-ray unit and a x-ray film developer unit. This means monthly maintenance and disposal of x-ray film fixer chemicals with silver recovery. Films are mailed to Advanced Diagnostics for review and Quality Assurance.

There is a need for increased preventative dental care and treatment of emergencies on an appointment basis for I H S beneficiaries in the Ninilchik area. Presently Ninilchik Traditional Council receives CHS funds for dental. These funds enable NTC to contract with a private dentist for an annual children's dental clinic. (30) Children receive dental screening, cleaning, sealants and treatment on a first come from first serve basis. There are no other dental services during the year other than traveling to Anchorage for services as needed. On site dental clinics from Southcentral Foundation and/or ANMC for both adult and children would greatly help in promoting dental health. The Ninilchik Community Clinic has a completely function dental operatory with a portable dental x-ray unit.

## **LOCATIONS AND SERVICES OF EXISTING LOCATION**

#### **EXISTING LOCATION**

Ninilchik Community Clinic, 15765 Kingsley Road, Ninilchik, Alaska

#### **HEALTH SERVICES PROVIDED**

СНА	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	TeleMed	Elder Programs	EMS	PHN
✓	<b>√</b>	<b>√</b>	✓	<b>√</b>	✓		<b>√</b>	<b>√</b>		✓

## ADDITIONAL SERVICES PROVIDED

Eye Clinic	Alcohol Abuse Prevention	Diabetes Prevention	Community Health Services	WIC
1	✓	✓	✓	✓

## PRIMARY SERVICE DELIVERY PLAN

Ninilchik Community Clinic houses the Primary Care Clinic and Indian Health Service's Community Health Aide Clinic.

## • I H S Community Health Aide Clinic

This clinic provides Primary Care to eligible Alaska Native and American Indians by Community Health Aide's through standing orders, CHAP manual, referral physician consults and physician site visits through Alaska Native Tribal Health Consortium and/or Southcentral Foundation.

#### Primary Care Clinic

This clinic provides Primary Care by appointments (Monday-Friday) to the general public and to I H S beneficiaries when referred throught the CHA clinic. It is staffed by a Certified Physician Assistant and an Advanced Nurse Practitioner. Ninilchik Community Clinic is an I H S Medicaid Facility. The general public is charged for medical services. I H S beneficiaries have no out of pocket expenses for services provided at the clinic but the clinic will bill their private insurance or Medicaid for services rendered.

#### NTC's Indian Health Service's Alcohol Program

This program provides community education to prevent alcohol and substance abuse, emotional support to people/families dealing with problems associated with substance abuse and raises self esteem through cultural awareness and promotes recreational fun activities without the use of alcohol or other drug substances.

It does not provide treatment, but does provide group support and one to one support with referral for treatment.

## NTC"s Indian Health Service Community Health Services Program

This program promotes disaster preparedness and injury prevention through classes, presentation and mail-outs.

## **VISITING PROFESSIONAL SUMMARY**

PROFESSIONAL	NUMBER OF VISITS BY
CATEGORY	MONTH
MD	2 (2 day) visits per year
Optometrist	1 (3 day) annual visit
Dentist	1 annual children's clinic

#### STATE WIDE REFERRAL DELIVERY PLAN

	Secondary Referral Location	Specialty Referral Location	Tertiary Referral Location
I HS Beneficiaries	SCF Primary Care	ANMC	
I H S Emergency Patient	COGH's ER in Soldotna SP	ANMC	
	SPGH's ER in Homer	ANMC	
Non Beneficiaries	Private MD in Soldotna or in Homer		
Non Ben, Emergency	ER in Soldotna or in Homer		

## **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

I H S Beneficiaries living between Kasilof River and the Homer city limits need to have Contract Health Service funding for access to emergency room services wither funded directly to Ninilchik Traditional Council or have these patients funded for the services through continuation of the pilot "Transient Emergency Care Program" now in effect by our neighboring tribes with contracts with the private hospital Emergency rooms in Soldotna and/or Homer.

## SVTHC SELDOVIA VILLAGE TRIBE HEALTH CENTER

## **LOCATION / GEOGRAPHY**

Seldovia is on the Kenai Peninsula across from Homer on the south shore of Kachemak Bay, a 15 minute flight. Flight time to Anchorage is 45 minutes.

#### **ORGANIZATIONAL DESCRIPTION**

The Seldovia Village Tribe has contracted since FY 1990, providing services to Seldovia and Homer. In November 2001, the Seldovia Village Tribe Health Center opened in Homer, Alaska to provide primary care services for the beneficiaries of the Seldovia/Homer and surrounding area.

Seldovia Withdrawal Area
Community and Health Facility Data Summary

Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/Al Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Diamond Ridge			89	0	0		SPH		A	NMC	;	
Fox River			1	0	0		SPH		Α	NMC	;	
Fritz Creek			82	0	0		SPH		A	NMC	;	
Halibut Cove		1	1	0	0		SPH		Α	NMC	;	
Homer		219	246	184	674		SPH		A	NMC	;	
Kachamak		0	43	0	0		SPH		Α	NMC	;	
Seldovia	Seldovia Village Tribe	262	131	180	616	RC	SPH		A	NMC	;	
Unspecified		0	0	0	0		SPH		Α	NMC	;	
Total		482	593	364	1290							

ANMC: Alaska Native Medical Center

RC: Regional Clinic

SPH: South Penninsula Hospital

## **HEALTH SERVICES PRIORITIES**

- 1. Primary Care for acute and chronic health needs
- 2. Preventive health care
- 3. Dental health services preventive initially and considering increasing to full dental services
- 4. Behavioral health services, including substance abuse counseling

## **ADDITIONAL SERVICES AND FACILITIES CHANGES**

Currently health care is provided in leased clinic space. However SVT has purchased land, a conceptual design been developed and the Tribe is in the process of securing funds to build a clinic in Homer. With the expansion of space we intend to expand services currently available to patients. There is significant interest in adding dental services, which may include comprehensive care as well as preventive care. On site behavioral health services are also being considered. Additionally, SVTHC intends to expand its preventive services and outreach programs to improve access to services.

## **LOCATIONS AND SERVICES OF EXISTING FACILITIES**

## **EXISTING LOCATION**

SVTHC, 4141 Pennock Street, Homer, AK, approximately two miles from South Peninsula Hospital in Homer, Alaska.

Also serves Seldovia through Contract Health Care

#### **SERIVCES PROVIDED**

СНА	Primary Care	Pharmacy Outpatient		Radiology	Dental	Behavioral Health	Tele Med	Elder Programs	EMS	CHR
	✓	✓	✓				✓	✓	✓	<b>✓</b>

#### PRIMARY SERVICE DELIVERY PLAN

The Seldovia Village Tribe has contracted since FY 1990 providing services to Seldovia/Homer through Contract Health Care. Programs funded through Indian Health Service include: Community Health Representative Program, Contract Health Care, Primary Care, Emergency Medical Services, Alcohol/Drug Prevention. Other programming: Johnson O'Malley Program, Tribal Operations, Social Services, Senior Citizens Program, EPA, Housing, Child Care, ICWA, LIHEAP, ANA, AFN.

#### Contract Health Care

Seldovia contracts with the local clinic in Seldovia and two health clinics in Homer for **outpatient** services.

**Emergency room**, **Laboratory/Radiology** and **limited inpatient** services are available at South Peninsula Hospital in Homer. Seldovia Village Tribe contracts with one **dentist** in Seldovia and two dental clinics in Homer for a limited scope of dental services. **Pharmacy** services are available in Homer. Seldovia provides a village-based **alcohol and drug abuse** program to the community of Seldovia.

#### **Primary Health Care**

Seldovia Village Tribe has a model mid-level health center located in Homer. This facility opened its doors in December 2001 to provide direct health care to beneficiaries with acute and chronic medical conditions. In September 2002, SVT was awarded a Human Resources and Services Administration (HRSA) grant. At this time Seldovia Village Tribe Health Center became a Community Health Center as well as a tribal clinic.

SVTHC is active in the statewide **AFHCAN telemedicine** project and will be the site of the pilot project for the colposcopy program. The clinic is participating in a **340 B Pharmacy** program to provide medications for acute and chronic patients on-site and at a reduced cost. SVTHC is a Breast Check and Cervical Health (**BCHC**) program provider and utilizes this service for women who qualify. A Registered Dietician is contracted to provide individual and group nutritional therapy to patients and families. Vision services are made available to Native Beneficiaries on an annual basis. The Health Center provides facility space for specialty clinics for visiting providers such as Dr. Mathias, a Neuro-developmental Pediatrician.

## VISITING PROFESSIONAL SUMMARY

	Professional Category	Frequency
SVTHC, Homer	Vision	1 time annually
Seldovia	Vision	1 time annually

## STATE WIDE REFERRAL DELIVERY PLAN

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
ANMC/SCF Local Providers or South Peninsula Hospital	ANMC/SCF	

## **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

None noted

## **LOCATION/ GEOGRAPHY**

Tyonek lies on a bluff on the northwest shore of Cook Inlet, 43 miles southwest of Anchorage. Tyonek is not located directly on the Kenai Peninsula.

## **ORGANIZATIONAL DESCRIPTION**

We work with both HIS and SCF to provide health related programs. We have an office in Anchorage and 4 full time employees.

	Tyonek Village											
Community and Health Facility Data Summary												
		2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Fertiary Services Provided By	aboratory Services Provided By	Pharmacy Services Provided By:	Radiology Services Provided By:
Community	Federally Recognized Tribe	7	7	$\supset$	Ф	Ш	Z		-		Δ.	2
Tyonek Village	Native Village of Tyonek	166	184	183	616	VC			ANI	ИС		
Total		166	184	183	616							

VC: Village Clinic

ANMC: Alaska Native Medical Center

## **HEALTH SERVICES PRIORITIES**

## **LOCATIONS AND SERVICES OF EXISTING FACILITIES**

<u>EXISTING LOCATION</u> Tyonek Health Clinic, Tyonek, Alaska

## **HEALTH SERVICES PROVIDED**

СНА	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	TeleMed	Elder Programs	EMS	PHN
<b>✓</b>					✓	✓	✓	<b>√</b>	<b>√</b>	

## PRIMARY SERVICE DELIVERY PLAN

Sick patients come to the clinic, are seen by the CHAP, plan of care is discussed with physician as required.

## VISITING PROFESSIONAL SUMMARY

PROFESSIONAL	NUMBER OF VISITS				
CATEGORY	BY MONTH				
MD	Nov = 5-10				
Family Practice	May = 5-10				
Clinical Review					
Optometry	April = 5-10				
Dentist	March = 5-10				

## STATEWIDE REFERRAL DELIVERY PLAN

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
ANMC Family Med	ANMC	ANMC

## **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

We would like to have more contact with primary care physicians.

## SOUTHCENTRAL ALASKA

## Prince William Sound

- → CHUGACHMIUT
- → VALDEZ NATIVE TRIBE

## **CHUGACHMIUT REGION**



## **POPULATION DESCRIPTION**

The Native people of this area are primarily Aleutiq. They comprise roughly 15% of the population in the area. Most of the jobs in the region are located in Seward and Valdez and these communities have seen the most growth in population. Migration is fairly high, with almost half of the population having moved in the last five years. The census figures for this region are about 30% higher than the user population data, perhaps because of the relatively easy access to other sources of health care.

2000 Census Count	2201
2002 User Population	1675
2015 Census Population Projection	2763
2015 User Population Projection	1892

Because of declining birth rates, the number of children in the region will decline slightly over the next decade, while the number of elderly will increase. There is likely to be some migration from the smaller villages to Valdez and Seward, or outside the region.

## **Regional Age and Sex Distribution**

## Males

	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	222	182	170	571	64	59	1269
2015	185	149	154	716	212	114	1530
Change	83%	82%	90%	125%	333%	193%	121%

## Females

	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	199	146	100	438	59	77	1020
2015	172	148	124	479	180	129	1233
Change	86%	102%	124%	109%	304%	168%	121%

#### **CHUGACHMIUT**

## **LOCATION/GEOGRAPHY**

The Chugach Region stretches across the Prince William Sound to the Kenai Peninsula, encompassing over 15,000 square miles.

## **ORGANIZATIONAL DESCRIPTION**

Chugachmiut incorporated during 1974 to serve the seven Native communities within the Chugach Region. A seven-member Board of Directors governs Chugachmiut. Each member represents and is selected by their respective tribal governments. Chugachmiut is the region's major service organization and works with other agencies within the region.

Chugachmiut
Community and Health Facility Data Summary

Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By:	Pharmacy Services Provided By:	Radiology Services Provided By:
Bear Creek		0	284	15						NMC		
Chenega	Native Village of Chenega	47	67	70						NMC		
Cordova	Native Village of Eyak	396	368	305	1202	VC	CCH		Α	NMC		
Crown Point		0	7	0	0				Α	NMC		
Lowell Point		0	4	0	0				Α	NMC		
Moose Pass		16	22	20	57		SGH		Α	NMC	;	
Nanwalek	Native Village of Nanwalek	127	165	165	544	VC			Α	NMC		
Port Graham	Native Village of Port Graham	141	151	171	597	VC			Α	NMC	;	
Primrose		0	6	0	0				Α	NMC		
Seward	Qutekcak Native Tribe	588	592	709	2419	SRC	SGH		Α	NMC		
Tatitlek	Native Village of Tatitlek	77	91	106	367	VC			Α	NMC		
Valdez	Valdez Native Tribe	262	410	292	1036	VC	VGH		Α	NMC		
Whittier		21	23	39	140		ANMC		Α	NMC		
Unspecified		0	11	0	0				A	NMC	;	
Total		1675	2201	1892	6658							

SRC: Subregional Clinic/Midlevel Clinic

CCH: Cordova Community Hospital SGH: Seward General Hospital

VCH: Valdez Community Hospital

VC: Village Clinic

ANMC: Alaska Native Medical Center

Note: Chugachmiut is not formally divided into subregions. Staff from the Seward Clinic support the Health Aides at the Chenega and Tatitlek

clinics.

## **HEALTH SERVICES PRIORITIES**

Goal: Reopen Pharmacy

- 1. Receive funding for a full-time mental health worker
- 2. The Dental program is in the works; would like to have it up and running by May or June.
- 3. Working on vision for families, people and region

## ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

Would like to see own RN case manager at North Star In all villages would like to see receptionists and be able to schedule patients.

#### **LOCATION AND SERVICES OF EXISTING FACILITIES**

## **EXISTING LOCATIONS:**

North Star Health Clinic, Seward Chenga Bay Clinic, Chenga Bay Nanwalek Clinic, Nanwalek Port Graham Clinic, Port Graham Tatitlek Clinic, Tatitlek

## **HEALTH SERVICES PROVIDED AT EACH LOCATION**

Each Clinic	СНА	Primary Care	Pharmacy Outpatient		Radiology	Dental	Behavioral Health	Tele Med	Elder Programs	EMS	PHN
North Star Health Clinic		✓		CLIA WAIVED			✓	✓			
Chenga Bay	✓	✓		CLIA WAIVED			✓	✓			
Nanwalek	✓	✓		CLIA WAIVED			✓	✓			
Port Graham	✓	✓		CLIA WAIVED			✓	✓			
Tatitlek	✓			CLIA WAIVED			✓	✓			

#### PRIMARY SERVICE DELIVERY PLAN

Patients are scheduled and come in, sign in at front desk, charts are pulled, brought back by medical assistant, all vitals are taken and medical assistant notifies provider that the patient is ready to be seen.

## **VISITING PROFESSIONAL SUMMARY**

Each Clinic	Professional Category	Number of Visits by Month
North Star Health Clinic	Physician Assistant	Total: 2084
	Pediatrician	47
	Family Practice	None
	Dentist	None
	Optometrist	July=57
	Laboratory Technician	None
	Mental Health	183
	Nurse Practitioner	1260
Chenga Bay	Midlevel Practitioner from North Star Clinic	Do not know – had it started, but did not keep it up. Go out every month, spend a week.
Nanwalek	Physician Assistant	Do not know – had it started, but did not keep it up. Go out every month, spend a week.
	Nurse Practitioner	Mar=19,Jun=1
	Family Practice	Oct=23, Apr=22
	Dietician	Jun=1, July=1
	Public Health Nurse	Oct=1,Mar=1, June=1
	Health Education	Feb=3
Port Graham	Physician Assistant	Oct=20,Nov=12,Dec=1,Jan=29,Feb=33,Mar=10,Ap=19 Mar=24, Jun=14, July=25
	Nurse Practitioner	Oct=2,Nov=2,Feb=4,Mar=4,July=5
	Family Practice	Oct=16,Apr=35
	Dietician	Nov=1, Apr=4, May= 5, June=1
	Public Health Nurse	Nov=1, Mar=1
	Health Education	Jan=7
Tatitlek	Midlevel Practitioner from Homer	Nov=27, May = 8, June=1, July=9
	Mental Health	Nov = 1

## STATEWIDE REFERRAL DELIVERY PLAN

	Secondary	Specialty	Tertiary
Each Clinic	Referral Location	Referral Location	Referral Location
	Providence, Seward		Providence, Alaska
North Star Health Clinic	(X-ray)	ANMC	Physical Therapy services
Chenga Bay	Cordova	ANMC	
Nanwalek	Homer Peninsula Hospital	ANMC	
	Homer Peninsula		
Port Graham	Hospital	ANMC	
Tatitlek	Cordova	ANMC	

## **CONTRACT HEALTH SERVICE RECOMMENDATIONS**

• To have continuity among all organizations – where they all go and by the same rules and regulations.

#### **VALDEZ NATIVE TRIBE**

## **LOCATION/GEOGRAPHY**

Valdez is located on the north shore of Port Valdez, a deep-water fjord in Prince William Sound. It lies 305 road miles east of Anchorage, and 364 road miles south of Fairbanks. It is the southern terminus of the Trans-Alaska oil pipeline.

## **ORGANIZATIONAL DESCRIPTION**

Provide I H S and BIA programs to beneficiaries of the Valdez Alaska Native and Indians that elected services

## **COMMUNITY DATA**

Note: Included with Chugamiut

## **HEALTH SERVICES PRIORITIES**

- Prevention of life or limb
- Assuring quality
- Fully functional new clinic

## ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

We have moved into a new facility and are working towards our own clinic with a nurse practitioner.

## **LOCATIONS AND SERVICES OF EXISTING FACILITIES**

#### **EXISTING LOCATIONS:**

Valdez Health Clinic

## **HEALTH SERVICES PROVIDED**

#### Valdez Health Clinic

СНА	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	TeleMed	Elder Programs	EMS	PHN
Has CHR only							Cart is there	Х		

## PRIMARY SERVICE DELIVERY PLAN

Management of Contract Health care program; sub-contract funds to local medical professionals for clinical services, hospitals, dental and pharmacy services.

## **VISITING PROFESSIONALS**

PROFESSIONAL CATEGORY	NUMBER OF VISITS BY MONTH				
Eye Clinic	Every November				
Mamograms	Every May				

# STATEWIDE REFERRAL DELIVERY PLAN

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
ANMC	Only if ANMC refers	

# **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

Would like to see better communication between VNT and ANMC with CHR.

# INTERIOR

- → TANANA CHIEFS CONFERENCE
- → COUNCIL OF ATHABASCAN

# TCC TANANA CHIEFS CONFERENCE

# **LOCATIONS / GEOGRAPHY**

The Interior Alaska Service Area covers about 167,000 square miles. Fairbanks is the largest city within the area. The region contains over 37 percent of the State of Alaska. Rolling hills, rambling rivers, and Mt. McKinley (Denali) with the Alaska Range dominate the landscape.

The weather changes dramatically from season to season. In winter, it can be as cold as -65 degrees below zero and summer as warm as 95 degrees. The average temperature is -10 degrees below zero in January and 65 degrees in July. In June and July, daylight lasts 21 hours and nights are only twilight. Conversely, December nights are 21 hours long and the 3-hour days are bright, but short. Normal annual precipitation is 11.67 inches, with an annual average snowfall of 50 inches. When temperatures drop below -20degrees and the wind is calm, the heat and moisture from buildings and automobiles creates ice fog around settlements, which may persist for days.

Several major rivers flow through the territory. The Tanana River bisects the Interior Service area from the Canadian border to its confluence with the Yukon River. The mighty Yukon River stretches across the service unit from the Canadian border to a point beyond Holy Cross. The upper Kuskokwim River flows into the interior, north of its confluence with the Stony River.



#### **POPULATION DESCRIPTION**

The Native people of the Interior are primarily Athabascan Indians. In the Fairbanks area they comprise about 9% of the population but in the more rural areas the percentage increases to 73%. The unemployment rates show a similar pattern, being low in Fairbanks and high in the rural area. The search for jobs has led to a net migration from the villages to Fairbanks and Anchorage. The current census and user populations are similar but the census-based projection is significantly lower than the HSP projection:

2000 Census Count	12197
2002 User Population	12360
2015 Census Population Projection	13191
2015 User Population Projection	14673

Because of declining birth rates, the number of children in the region will decline slightly over the next decade, while the number of elderly will increase.

# **Regional Age and Sex Distribution**

	Males						
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	1331	1075	873	2271	336	261	6147
2015	1281	1001	839	2497	451	345	6414
Change	96%	93%	96%	110%	134%	132%	104%
			Fen	nales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	1274	1108	810	2553	341	371	6458
2015	1197	1050	859	2759	477	435	6777
Change	94%	95%	106%	108%	140%	117%	105%

#### **ORGANIZATIONAL DESCRIPTION**

Tanana Chiefs Conference (TCC) is an Alaska non-profit corporation with a membership of Native governments from 42 Interior Alaska communities with a main office in Fairbanks, Alaska. The full Board of Directors is made up of representatives selected by each of the village councils of member Tribes that meet annually each March in Fairbanks.

The nine-member Executive Board is elected by the full Board of Directors. The TCC President who is also the chairman of the board is elected by the full Board and serves as the chief executive officer of the corporation. Members of the full Board serve as members of subregional advisory boards, which review operations of each of the six subregional areas.

The Tanana Chiefs Regional Health Board (TCRHB) is an advisory board composed of eight members who are selected from the member village governments and Native association of the Tanana Chiefs Conference region. The goal of the TCRHB is to elevate the health status of the Native people of the Tanana Chiefs Conference to the highest possible level through involvement of Alaska Natives in the management and delivery of health care services.

Health Services was established in 1973. Between 1973 and 1984, TCC contracted with the Indian Health Service for a number of non-medical programs and in 1984 contracted with the IHS to manage the Chief Andrew Isaac Health Center (CAIHC) and other health service delivery clinical components under the terms of Public Law 93-638 contract.

Health Services also operates and manages smaller satellite clinics in 28 villages. In January, 2003 the Accreditation Association of Ambulatory Health Care (AAAHC) reviewed CAIHC, Counseling Center, Dental Clinic and Eye Clinic and received a three-year accreditation of these facilities.

The TCC Health Service vision statement reads, "our people living life to its fullest with a balanced mind, body and spirit," followed by the mission statement, "in partnership with those we serve, promotes and enhances spiritual, physical, mental and emotional wellness through education, prevention and the delivery of quality of quality services."

The TCC Health Service governing values are to:

- Promote wellness and health lifestyles
- Respond to client and community needs
- Provide clients and community needs
- Provide clients with excellent service
- Provide our service with innovation, compassion and integrity
- Foster a work environment that promotes employee personal and professional growth and development
- Value quality working relationships based upon mutual respect
- Advocate for health issues for clients and employees
- Be accountable for our actions

Health Services initiated a ten-year strategic planning process the summer of 2000. Currently, there are eight strategic goals, consistent with the plan for FY 2003-2004. These are to:

- Coordinate programs on substance abuse
- Share electronic records
- Improve communication with private doctors and other organizations
- Determine whether TCC should add a (1) hospital and/or (2) a super clinic and determine the location
- Offer training, which would enhance supervisory/managerial skills
- Improve communications with clients and patients in the villages
- Focus on diabetes program "Families on the Move"
- Maximize revenues

These goals fall under the ten-year themes as follows:

2006-2010 Plans Move from Medical Model to Prevention Model Consolidate Operations

2002 – 2005 Plans
Start Annual Prevention Theme
Improve the Communication Plan
Create and Redesign Internal Systems to Support Quality Delivery of Services
Strengthen Human Resource Management
Advance Partnering
Attain Financial Sustainability

2001-2002 Plan Initiate the Strategic Marketing of Health Services Develop a Communication Plan

#### **ADDITIONAL SERVICES AND FACILITIES CHANGES**

The major service expansion is the planning for a new health facility in the Interior. This would include a possible relocation of the ambulatory clinic currently located in Fairbanks Memorial Hospital to a determined site within the Interior. A contract was recently awarded to provide a study, which will offer recommendations to the Tanana Chiefs Conference (TCC) Executive Board.

This super clinic could include but is not limited to:

Health Administration, Family Practice, Internal Medicine, Obstetrics/Gynecology. Observation Beds, Ambulatory Surgery, and Dental, Eye, Alcohol Prevention, Behavioral Health, Pharmacy, Business Office, Data Entry, Health Records, Bio Med, Environmental Health, Home Care, Contract Health Services and other clinical programs.

Other service changes include integration of Mental Health and alcohol programs with primary care. Services that are being considered include laboratory, radiology, ambulatory surgery, and observation beds.

TCC is one of 20 sites nationally to implement the Electronic Health Record (E HR), fall 2004.

The McGrath Health Center and the McGrath sub regional clinics were transferred to Southcentral Foundation as of May 1, 2004.

#### **LOCATION AND SERVICES OF EXISTING FACILITIES**

FACILITY NAME	LOCATION	PROVIDER TYPE
Chief Andrew Issac Health Center	Fairbanks	Tribal Physician Clinic
TCC Eye Clinic	Fairbanks	Tribal Optometrists
TCC Dental Clinic	Fairbanks	Tribal Dentists
Alatna Clinic	Alatna	CHA
Allakaket	Allakaket	CHA
Chalkyitsik	Chalkyitsik	CHA
Dot Lake Village Clinic	Dot Lake	CHA
Eagle Village Clinic	Eagle	CHA
Evansville Village Clinic	Evansville	CHA
Galena Health Center	Galena	Mid-level and CHA
Graf Healing Center	Fairbanks	Varies: social work, physicians, psychologists, case managers
Healy Lake Clinic	Healy Lake	CHA
Hughes Village Clinic	Hughes	CHA
Huslia	Huslia	CHA
Kaltag Village Clinic	Kaltag	CHA
Koyukuk Clinic	Koyukuk	CHA
Manley Village Clinic	Manley	CHA
Minto Village Clinic	Minto	CHA
Nenana	Nenana	CHA
Northway Village Clinic	Northway	CHA
Nulato Village Clinic	Nulato	CHA
Rampart Clinic	Rampart	CHA
Ruby Clinic	Ruby	CHA
Stevens Village Clinic	Stevens Village	CHA
Tanacross Village Clinic	Tanacross	CHA
Tetlin Village Clinic	Tetlin	CHA
Tok Community Clinic	Tok	Physician

#### PRIMARY SERVICE DELIVERY PLAN

Tanana Chiefs Health Services was established in 1973. Between 1973 and 1984, Tanana Chiefs Conference (TCC) contracted with the Indian Health Service (I.H.S.) for a number of non-medical programs and in 1984 contracted with the I.H.S. to manage Chief Andrew Issac Health Center (CAIHC), including medical, dental, pharmacy, nursing, business office, medical records, and public health nursing. Health Services manages the health delivery system for the villages of Interior Alaska under the terms of Public Law 93-638. In partnership with villages, Health Services also operates and manages smaller satellite clinics in 28 villages. In January 2003, (AAAHC) reviewed Chief Andrew Issac Health Center, Counseling Center, Dental Clinic and Eye Clinic and received a three-year accreditation of these facilities. Health Services provides culturally-sensitive, quality medical care that is fiscally responsible. The following is a list of programs within Health Services.

- Ch'eghutsen Program is a collaborative partnership between TCC, Fairbanks Native Association and the University of Alaska-Fairbanks. Ch'eghutsen is designed as a system of care for seriously disturbed Alaska Native children and youth in the Interior.
- Community Health Aide Program (CHAP) delivers primary health care and health education at the village level through Community Health Aides/Practitioners with the skills and resources to meet the medical needs of village residents. The CHAP program had 12,800 patient encounters.
- Community Health Representative (CHR) provides a local, paraprofessional resource on basic concepts of health care, disease control, communication skills and health planning. CHR's provides these services on a referral basis from the primary health care provider in these respective villages.
- **Dental Clinic** provides comprehensive dental care to beneficiaries including emergency preventative, and elective services. They offer a special clinic for children. Specialty services are provided in pediatrics, orthodontics, prosthodontics, and oral surgery. The Dental Clinic had 17,371 patient encounters. I.H.S. awarded the Dental Clinic the Outstanding Dental Service Unit in Alaska.
- Eye Clinic provides primary eye care services including routine pediatric and diabetic exams, treatment of eye infections, glaucoma, other eye diseases, and the fitting and dispensing of eye glasses and contact lenses. The Eye Clinic served 6,524 patients.
- Health Safety Educators travel to villages to raise awareness of health risks and solutions. They give presentations at schools and health fairs on a wide range of subjects, including injury prevention, CPR, nutrition, outdoor survival, cancer, and HIV/AIDS, and offer classes in first aid. They also install smoke detectors in homes.
- **Hunik Zoo** is a monthly publication for kids printed during the school year. While entertaining, the pages aim to educate and warn kids about the dangers of drug abuse. The Hunik Zoo has been published since December 1983 and in 2003 distributed 10,500 issues monthly.
- Office of Environmental Health (OEH) is a village-based tribal technical assistance program dealing
  with issues such as infectious disease investigation and water plant emergencies. OEH provided
  training courses focused on utility management and water plant operation, as well as held rabies
  vaccination clinics that provided over 1,500 rabies vaccination.
- Old Minto Recovery Camp (OMRC) provides treatment services for alcohol and other drug dependencies. The program operates for a maximum of 15 people in a traditional setting. OMRC served 91 clients and families and achieved a 76% completion rate.
- **Total Quality Management (TQM)** supports the development of a costumer-driven system of care and service that includes staff training, healthcare organization accreditation, credentialing, patient advocacy, strategic planning, measures for quality improvement, and board approved policies.
- Upper Tanana Alcohol Program (UTAP) provides screening outpatient services including
  assessments, court consultation, counseling, continued care, outreach, crisis intervention, referrals,
  education and prevention activities and support for village-based counselors in the Upper Tanana
  Subregion. The UTAP program had 958 in-person contacts.
- Women, Infants, and Children Program provides healthy foods, nutrition information, counseling, health screening and referrals and served 1,275 clients.
- Chief Andrew Issac Health Center (CAIHC) is an ambulatory care center. CAIHC provides
  outpatient services to beneficiaries in the Interior. The medical specialties include family practice,
  internal medicine, obstetrics, gynecology, women's health, and urgent care. Home care, pharmacy,

- and mental health services are also provided. This past year urgent care was offered evenings, weekends, and holidays.
- Admissions and Registration collects insurance and demographic information and approximately 1,000 new patients were registered.
- Bertha Moses Patient Hostel provides temporary lodging to village beneficiaries that have appointments in Fairbanks. There are eight full-size apartments and three private rooms. Each room is equipped with a bathroom and kitchen.
- Counseling Center provides outpatient mental health services and case management to children and adults. Mental health services include psychiatric evaluations for medication, medication management, psychotherapy and referral to other community providers. Case management is provided to severely or chronically mentally ill adults. The Paul Williams House is also available through the Counseling Center to provide temporary housing for clients traveling from the villages and short-term, supervised housing for chronically mentally ill persons that are clinically stable.
- Clinical Nursing assesses patients, provides patient information and teaching materials, and measures clinical outcomes. Clinical Nursing has registered nurses, licensed practical nurses, certified nursing assistants, and medical appointment clerks. In addition, the nursing staff accompanies and assists the physicians during village field trips.
- Community Health Nursing (CHN) improves the wellness of beneficiaries by providing outreach and offering services to those who might be experiencing the greatest risk to their wellness. CHN keeps patient registers for cancer, high cholesterol, rheumatoid arthritis, diabetes, pap smears, mammograms, elders, prenatal women, hepatitis and HIV for active case management and trend analysis. Staffing consists of advanced nurse practitioners, registered nurses, licensed practical nurses, a village liaison, a fetal alcohol syndrome coordinator, children with special needs coordinator, and nursing clerks.
- Health Records compiles and maintains approximately 30,000 records, and provides patient confidentiality in the release of information and coding of medical information.
- Medical Services provides general medical care and internal medicine by family practice physicians, an Internist, and mid-level physician assistants. Medical providers are fully credentialed, licensed, and board-certified. Medical Services also provides medical field visits to the villages. The daily average of patients seen range from 80-130 walk-in patients, 100 appointment patients and 20 hospital inpatients.
- Pharmacy fills over 115,000 prescriptions annually for both Fairbanks and village patients, making it the busiest pharmacy in Fairbanks. The pharmacists work closely with the doctors and mid-level practitioners to provide patients with the most appropriate medications. This was the first Native pharmacy in the state to bill electronically.

# **VISITING PROFESSIONALS**

Health Facility	Visiting Professional	Date of Visit	# of Days	# of Pts. Enc.
Allakaket	MD	May	2	42
	MD	November	3	57
Anaktuvuk	MD	March	4	60
Arctic Village	MD	September	2	35
	MD	March	1	35
	MD	October	1	17
Beaver	MD	September	2	11
	MD	May	2	17
	MD	November	1	14
Chalkyitsik	MD	April	2	23
•	MD	November	2	19
Dot Lake	MD	October	1	1
Eagle	MD	March	2	8
Evansville	MD	May	1	7
	MD	November	1	8
Fort Yukon	MD	September	1	10
	MD	April	2	18
	MD	April	2	16
	MD	October	2	18
	MD	November	2	7
Galena	MD	September	2	30
	MD	April	2	20
	MD	June	2	20
	MD	Oct	2	25
Hughes	MD	February	3	20
Huslia	MD	December	2	60
Kaltag	MD	April	2	60
· tanag	MD	October	2	50
Koyukuk	PA-C	August	3	12
	PA-C	February	4	20
	MD	October	1	20
Manley	MD	September	1	5
	MD	April	1	42
	MD	October	1	33
Mentasta	MD	April	2	8
Minto	MD	September	3	73
	MD	April	3	7
	MD	October	3	7
Nenana	MD	September	1	17
Tionana	MD	May	1	17
	MD	January	1	17
	MD	October	1	18
Northway	MD	December	2	38
Nulato	MD	June	2	60
	MD	November	3	60
Rampart	MD	March	3	9
Ruby	MD	September	2	35
Truby	MD	February	2	50
Stevens Village	MD	September	2	35
Otovorio village	MD	May	2	16

	MD	November	2	16
Tanacross	MD	October	1	12
Tanana	MD	August	3	25
	MD	May	2	31
	MD	February	3	50
	MD	December	2	28
Tetlin	MD	October	1	24
Venetie	MD	September	1	36
	MD	April	2	30
	MD	October	1	30

Health Facility	Visiting Professional	Date of Visit	# of Days	# of Pts. Enc.
Fort Vulcan				
Fort Yukon	Eye			75
Arctic Village	Eye			25
Venetie	Eye			26
Chalkyitsik	Eye			24
Galena	Eye			69
Nulato*	Eye			53
Koyukuk*	Eye			47
Kaltag*	Eye			69
Ruby*	Eye			108
Huslia*	Eye			56
Tok	Eye			36
Northway	Eye			32
Hughes*	Eye			44
Tanana	Eye			31
Anaktuvik Pass*	Eye			67

<sup>\*</sup>Includes encounters by Operation Artic Care providers

Health Facility	Visiting Professional	Date of Visit	# of Days	# of Pts. Enc. *
Allakaket	Dental			218
Anaktuvak Pass	Dental			421
Bettles	Dental			20
Chalkyitsik	Dental			82
Dot Lake	Dental			13
Galena	Dental			536
Hughes	Dental			34
Huslia	Dental			262
Kaltag	Dental			153
Koyukuk	Dental			93
Minto	Dental			124
Nenana	Dental			231
Northway	Dental			48
Nulato	Dental			298
Rampart	Dental			14
Ruby	Dental			141
Stevens/Hughes	Dental			68

Stevens Village	Dental	25
Tanacross	Dental	59
Tetlin	Dental	76
Tok	Dental	183

<sup>\*</sup>Numbers include Operation Arctic Care

# REFERRAL DELIVERY PLAN

	Secondary	Specialty	Tertiary
Health Facility	Referral Location	Referral Location	Referral Location
Clinics in interior	Chief Andrew Issac	At or through ANMC or	ANMC or Fairbanks
villages in TCC region	Health Center in	contracted specialists in	Memorial Hospital
and in Fairbanks area	Fairbanks, Alaska	Fairbanks	•

# **CONTRACT HEALTH RECOMMENDATIONS**

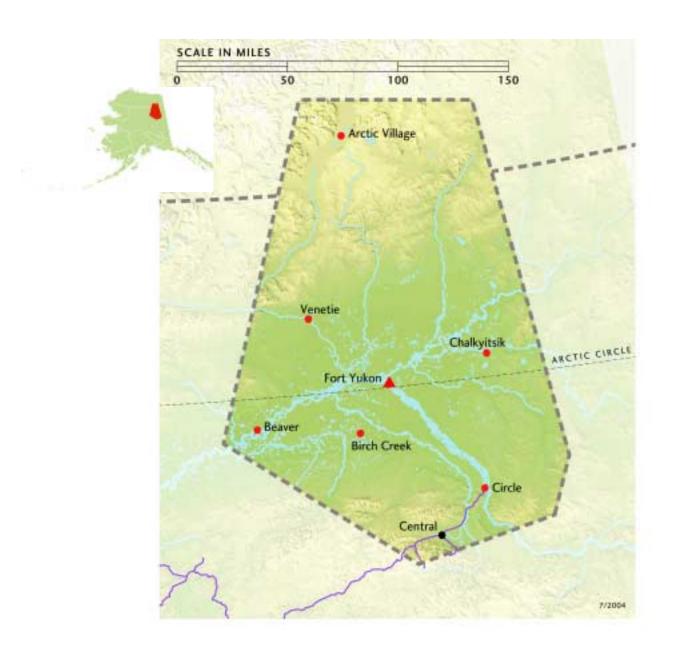
Situation: TCC currently receives close to \$8,000,000 from I H S to provide Contract Health Services. TCC currently spends nearly \$11,000,000 in this program, reflecting a \$3,000,000 shortfall. This requires other essential TCC programs to subsidize Contract Health Services.

Recommendation: TCC funds approximately 10% of the ANMC budget to provide services to patients from the TCC region, yet TCC has historically used less than 3% of the TCC portion. Increased use of ANMC would utilize more of the TCC resources with ANMC and assist in reducing the shortfall.

# CATG COUNCIL OF ATHABASCAN TRIBAL GOVERNMENTS

# **LOCATION**

The main office of CATG is located in Fort Yukon, Alaska. Fort Yukon is located at the confluence of the Yukon River and the Porcupine River, about 143 air miles northeast of Fairbanks.



#### **POPULATION DESCRIPTION**

The Native people of the Interior are primarily Athabascan Indians. In the Fort Yukon area they comprise about 73% of the population. The unemployment rates for this area are high and many of the communities have a smaller population now than they did at the time of the 1990 census. Both the HSP and census based projections show a net decrease in population in this area by 2015.

2000 Census Count	1176
2002 User Population	1133
2015 Census Population Projection	1138
2015 User Population Projection	1116

Because of declining birth rates, the number of children in the region will decline slightly over the next decade, while the number of elderly will increase. There is likely to be significant out migration to Fairbanks and Anchorage from this region.

#### Regional Age and Sex Distribution

Males							
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	118	90	83	250	47	41	629
2015	78	66	68	242	89	58	602
Change	66%	74%	83%	97%	189%	142%	96%
			Fen	nales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	103	79	79	220	20	33	534
2015	73	68	59	220	65	52	536
Change	70%	85%	75%	100%	316%	159%	100%

The Native people of the Interior are primarily Athabascan Indians. In the Fort Yukon area they comprise about 73% of the population. The unemployment rates for this area are high and many of the communities have a smaller population now than they did at the time of the 1990 census. Both the HSP and census based projections show a net decrease in population in this area by 2015.

# Council of Athabascan Tribal Governments Community and Health Facility Data Summary

		Pop.	2000 AN/Al Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	ospital	Services Provided By	Tertiary Services Provided By	-aboratory Services Provided By	icy Services Provided By	gy Services Provided By
Community	Federally Recognized Tribe	2002 User	2000 AN	User Po	PCPV Pr	Existing	Nearest	Inpatient	Tertiary	Laborat	Pharmacy	Radiology
Arctic Village	Arctic Village Traditional Council	136	140	134	455	VC	FMF	+	ANMC	FMH	CAIHC	FMH
Beaver	Beaver Traditional Village	75	80	90	313	VC	FMH	1	ANMC	FMH	CAIHC	FMH
Birch Creek	Birch Creek Traditional Village	11	28	9	33	VC	FMF	Н	ANMC	FMH	CAIHC	FMH
Central		5	13	5	19		FMF	1	ANMC	FMH	CAIHC	FMH
Chalkyitsik	Chalkyitsik Traditional Village	86	81	87	306	VC	FMF	1	ANMC	FMH	CAIHC	FMH
Circle	Circle Traditional Council	52	85	65	225	VC	FMF	1	ANMC	FMH	CAIHC	FMH
Fort Yukon	Native Village of Ft. Yukon IRA	574	528	530	1887	SRC	FMF	1	ANMC	FMH	CAIHC	FMH
Venetie	Native Village of Venetie	194	195	196	705	VC	FMF	1	ANMC	FMH	CAIHC	FMH
Unspecified		0	26	0	0		FMH	┨	ANMC	FMH	CAIHC	FMH
Totals		1133	1176	1116	3943							

Hosp: Hospital

SRC: Subregional Clinic

VC: Village Clinic

ANMC: Alaska Native Medical Center FMH: Fairbanks Memorial Hospital CAIHC: Chief Andrew Isaac Health Center

#### **ORGANIZATIONAL DESCRIPTION**

The Council of Athabascan Tribal Governments (CATG), a non-profit entity located in Fort Yukon, assumed operations of the Fort Yukon Health Center in June, 1994, and operation of most other village health programs in October 1996.

# **HEALTH SERVICES PRIORITIES**

# ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

# **LOCATION AND SERVICES OF EXISTING FACILITIES**

# **EXISTING LOCATIONS**

Health Facility	Size of Facility (Sq feet or Sq meters)	Location	Year Constructed
Arctic Village Health Clinic			
Beaver Heath Clinic			
Chalkytsik Health Clinic			
Circle Health Clinic			
Yukon Flats Health Center			
Rampart Health Clinic			
Stevens Village Health Clinic			
Venetie Health Clinic			
Birch Creek Health Clinic			

# **HEALTH SERVICES PROVIDED AT EACH LOCATION**

Health Facility	Services Provided	Number/type of staff
Arctic Village Health Clinic		
Beaver Heath Clinic		
Chalkytsik Health Clinic		
Circle Health Clinic		
Yukon Flats Health Center		
Rampart Health Clinic		
Stevens Village Health Clinic		
Venetie Health Clinic		
Birch Health Clinic		

# PRIMARY SERVICE DELIVERY PLAN

<u>VISITING PROFESSIONAL SUMMARY</u>
(For the above clinics, the following information was obtained from the 2001 IA NPIRS report – Ambulatory Care Visits to service location by provider)

Health Facility	Professional Category	Schedule and Number of visits by month
Arctic Village Health Clinic	MD	Oct - 22, Jan - 26, Apr - 28, Aug - 45
	PHN	Nov - 24, Dec - 1, Feb - 22, Apr - 7, May - 15
Beaver Heath Clinic	MD	Dec - 16, May - 24
	Optometrist	Nov - 25
	Pharmacist	Apr - 1

Health Facility	Professional Category	Schedule and Number of visits by month
Troditi T domey	PHN	Oct - 46, Nov - 2, Dec - 2, Jan - 1, Feb -1, Apr - 9
Chalkyitsik Health Clinic	MD	Nov - 16, Feb - 13, Mar -1, May - 15, Aug - 18
	Optometrist	Oct - 28
	PHN	Oct - 10, Feb - 8, Mar - 5, May - 8
Circle Health Clinic	MD	Mar - 16, Sep - 14
	PHN	Dec - 1
Yukon Flats Health Center		
Rampart Health Clinic	MD	Oct -10, Aug - 11
	PHN	Nov - 8, Jun - 5
Stevens Village Health Clinic	MD	Dec - 26, May - 1
	Optometrist	Nov - 23
	PHN	Nov - 67, Dec- 1, Mar - 10, Apr - 1
Venetie Health Clinic	MD	Oct - 31, Jan - 31, Apr - 28, Jul – 23 Aug - 8
	Optometrist	Oct - 48
	PHN	Dec - 18, Mar - 22, May - 16, Jun - 1
Birch Creek Health Clinic	MD	Nov - 11, May - 11
	LPN	Nov - 1

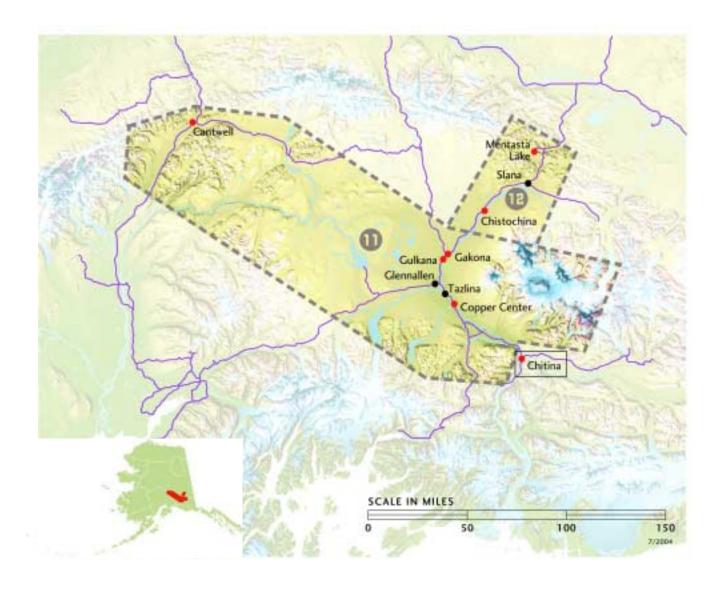
# STATEWIDE REFERRAL DELIVERY PLAN

Health Facility	Secondary	Specialty	Tertiary		
	Referral Location	Referral Location	Referral Location		

# CONTRACT HEALTH SERVICE RECOMMENDATIONS None noted.

# INTERIOR ALASKA

- → Copper River Native Association
- → CHITINA TRADITIONAL COUNCIL
- → Mt. Sanford Tribal Consortium



#### POPULATION DESCRIPTION - Chitna/Copper River/Mt. Sanford

The Native people of this area are primarily Athabascan Indians. They comprise roughly 15% of the population in the area. Job opportunities in this area are limited and are found mostly in the service industry. Migration is fairly high, with almost half of the population having moved in the last five years. The census figures for this region are about 25% higher than the user population data, perhaps because of the relatively easy access to other sources of health care.

2000 Census Count:	890
2002 User Population:	708
2015 Census Population Projection:	1086
2015 User Population Projection:	825

Because of declining birth rates, the number of children in the region will decline slightly over the next decade, while the number of elderly will increase. There is likely to be some out migration to larger communities with more job opportunities.

# **Regional Age and Sex Distribution**

# Males

	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	100	75	46	159	39	36	456
2015	70	69	68	200	53	72	532
Change	70%	91%	149%	125%	135%	202%	117%

# Females

	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	92	100	42	175	34	37	481
2015	65	70	55	232	55	77	554
Change	71%	70%	129%	132%	162%	209%	115%

# CRNA **COPPER RIVER NATIVE ASSOCIATION**

# **LOCATION / GEOGRAPHY**

The organization is located in Copper Center is located along the Richardson Highway between Mileposts 101 and 105. It is on the west bank of the Copper River at the confluence of the Klutina River. It lies just west of the Wrangell-St. Elias National Park.

<u>Organizational Description</u>
Copper River Native Associated joined other regional tribal health organizations to form the Alaska Tribal Health Compact for the assumption of certain Indian Health Service Area and Headquarters programs, functions, services and activities.

> **Copper River Native Association** Community and Health Facility Data Summary

	Community and Health Facil	ILY L	ala	Sui	IIIIIai	у					
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	l aboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Cantwell	Native Village of Cantwell	52	60	52	194	VC	FMH		ANI	ΛС	
Copper Valley		1	0	0	0		VGH		ANI	ΛС	
Copper Center	Native Village of Kluti-kaah	257	183	316	1165	VC	VGH		ANI	ΛС	
Copperville		0	38	0	0		VGH		ANI	ΛС	
McKinley Park		0	5	0	0		FMH		ANI	ΛС	
Gakona	Native Village of Gakona	82	38	109	418	VC	VMC		ANI	ΛС	
Glacier View		0	15	0	0		VMC		ANI	ΛС	
Glennallen		117	67	123	456		VMC		ANI	ΛС	
Gulkana	Gulkana Village	24	65	25	105	VC	VMC		ANI	ΛС	
Kenny Lake		7	55	1	6		VGH		ANI	ΛС	
Lake Louise		0	9	0	0		VMC		ANI	ΛС	
Mendeltna		0	5	0	0		VGH		ANI	ΛС	
Nelchina		0	7	0	0				ANI	ΛС	
Paxson		1	1	0	0		VMC		ANI	ΛС	
Silver Springs		0	15	0	0				ANI	ΛС	
Tazlina	Native Village of Tazlina	5	45	0	0				ANI	ΛС	
Tolsona		0	4	0	0		VGH		ANI	ΛС	
Tonsina		1	9	0	0		VGH		ANI	ΛС	
Willow Creek		0	24	0	0				ANI	ΛС	
Unspecified		0	6	0					ANI	ΛС	
Total		547	651	626	2344						

VC: Village Clinic VMC: Valley Medical Center VGH: Valdez General Hospital ANMC: Alaska Native Medical Center FMH: Fairbanks Memorial Hospital

#### **HEALTH SERVICES PRIORITIES**

Goal: To provide the best service possible for the best health wellbeing

- 1. Complete study of the Health Needs of the Copper River Basin
- 2. Implementation of telemedicine project

# ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

- Need a new building to provide better services
- More training for employees
- More funding for outreach

#### **LOCATION AND SERVICES OF EXISTING FACILITIES**

#### **EXISTING LOCATIONS:**

- · Cantwell Health Clinic, Cantwell, AK
- Copper Center Health Clinic, Copper Center
- Gakona Health Center, Galkona
- Gulkana Health Center, Gulkana
- Tazlina Health Center, Tanzlina

# **HEALTH SERVICES PROVIDED AT EACH LOCATION**

Each Clinic	СНА	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	Tele Med	Elder Programs	EMS	PHN
Cantwell	<b>✓</b>							✓			
Copper Center	<b>√</b>							<b>√</b>			
Galkana	✓										
Gukona	✓							✓			
Tazlina	✓										

#### PRIMARY SERVICE DELIVERY PLAN

Emergencies go straight to Crossroads in Glenallen. Clinics prefer appointments, but have lots of walk-ins.

#### **VISITING PROFESSIONAL SUMMARY**

Each Clinic	Professional Category	Number of visits by month
	Family Practice	June = 5
Cantwell	Public Health Nurse	Oct = 2
Copper		
Center	Family Practice	June = 14
Galkana	Family Practice	June = 3
Gulona		
Tazlina		

Contract Physician visits each site, once a month

Dental is owned by CRNA, located in Glenallen, but services the whole valley.

# STATEWIDE REFERRAL DELIVERY PLAN

	Secondary	Specialty	Tertiary
Each Clinic	Referral Location	Referral Location	Referral Location
Cantwell	Fairbanks	ANMC	
Copper Center	Crossroads	ANMC	
Galkana	Crossroads	ANMC	
Gakona			
Tazlina	Crossroads	ANMC	

# **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

None noted

# CHITINA TRADITIONAL COUNCIL

#### **LOCATION/GEOGRAPHY**

Chitina is located on the west bank of the Copper River at the confluence with the Chitina River, at mile 34 of the Edgerton Highway, 53 miles southeast of Copper Center. It lies outside the western boundary of the Wrangell-St. Elias National Park and Preserve, 66 miles southeast of Glenallen.

#### **ORGANIZATIONAL DESCRIPTION**

Chitina is composed of one PA; two Health Aides located approximately 260 from Anchorage. The Chitina Health Clinic is tribally owned and operated.

	Chitina Traditional C Community and Health Facilit			um	mary	,						
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Chitina	Chitina Traditional Village Council	49	60	61	217	VC	VCH		ΙA	VM	С	
Total		49	60	61	217							

VC: Village Clinic

ANMC: Alaska Native Medical Center VCH: Valdez Community Hospital

# **HEALTH SERVICES PRIORITIES**

- Prevention
- Establish EMS system
- Child and geriatric care

#### ADDITIONAL RECOMMENDATIONS OR CHANGES OFR SERVICES, FACILITIES

Have received approval to build new facility. Planning to include behavioral health and dental services in this new facility,

# **EXISTING LOCATIONS**

Chitina Health Clinic

# **HEALTH SERVICES PROVIDED**

СНА	Primary Care	Pharmacy Outpatient	Lab	Radiology	Dental	Behavioral Health	TeleMed	Elder Programs	EMS	PHN
✓	<b>√</b>	<b>√</b>					✓			<b>√</b>

# PRIMARY SERVICE DELIVERY PLAN

This clinic provides routine and emergency services for Native and Non-Native patients with or without insurance. This is historically a tourist area needing services ranging from minor to emergent.

# **VISITING PROFESSIONAL SUMMARY**

PROFESSIONAL CATEGORY	NUMBER OF VISITS BY MONTH					
Family Practice	June = 4					

# STATEWIDE REFERRAL DELIVERY PLAN

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
Crossroads in Glenallen	ANMC	ANMC

# **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

None noted.

#### MOUNT SANFORD TRIBAL CONSORTIUM

#### **LOCATION**

Mount Sanford Tribal Consortium (Kelt'aeni) is a tribal consortium of two Federally recognized Tribal Councils of Chistochina and Mentasta Lake.

<u>Chistochina</u> is located on the Tok Cutoff of the Glenn Highway, 42 miles northwest of Glennallen. Sinona Creek, Boulder Creek, Chistochina River, and Copper River surround the Village.

<u>Mentasta Lake:</u> The Village of Mentasta is located six miles off the Tok-Slana Cutoff of the Glenn Highway on the west side of the Mentasta Pass, 38 miles southwest of Tok Junction.

#### **ORGANIZATIONAL DESCRIPTION**

MSTC was formed in 1993. The framework for the vision and future of MSTC as a Tribal Health Organization with the political context of the region was a formidable undertaking on its own, which resulted in the adoption of the mission statement and a consensus building exercises that lead to the adoption of a 10-year service plan. A natural consequence of this was to ensure that the plan did not just provide health services traditionally held by Indian Health Services and the Copper River Native Association, but also addressed questions regarding the preservation of language and the dialect of the Upper Ahtna Region. Subsequently, the preservation of heritage and language issued the protections of Subsistence Rights as a means of establishing general health and welfare. Economic interest and educational development was deemed vital for long-term growth and the health of generations to come. This led into the incorporation and adoption to the original plan.

MSTC, then, owes its existence and allegiance to the adopted model consisting of three components that are separate with absolute rule in the opinion of the founders of the organization. They are as follows:

- 1. Health Services, including Mental Health Substance Abuse
- 2. Education and Economic Development
- 3. Preservation of language and Protection of Subsistence Rights

Decisions made by the initial organizer of the MSTC to plan an all-or-nothing approach was derived from historical loss, grief, and trauma that defy all attempts of western society to alleviate and have been know to distract from the overall health and well-being of MSTC tribal members. To some extent, a sense of desperation led the motivation towards forming the MSTC. The original Mission Statement has withstood the test of time, although the 10-Year Plan has undergone serious per-mutations due to budgetary restraints and issues of economic displacements.

#### **Expanded Services**

MSTC's development of a Health Services billing program will enable the organizations ability to generate billing for direct services rendered by MSTC village-based clinics for contracted health provider services, Community Health Aide III, Community Health Practitioner, and Mental Health Services to clients primary insurance agencies, to include Medicaid recipients.

#### **HEALTH SERVICES OPERATING PRINCIPLES**

Distilling 11 years of existence from the administration of these grants and contracts, MSTC has come to recognize some operating principles, which will provide the basis for the development of the Health Plan:

- A. Strategic Planning like this is not a sustainability plan, but with the understanding of the writer of the plan that political ramifications of change and risks during the life of the plan, then they are able to develop and implement strategies that meet the organization's needs.
- B. Risk Management issues are every bit as important to the well being of the organization as the delivery of services.
- C. Sustainability is based on trained work force to select from and is not attainable without the parallel issue of economic stability in regional operations.

- D. Federal. State, and legislative officials will always be hindered due to their mandated reflection of the past, as opposed to taking a chance on the future.
- E. Health needs evolve as sure as cultures do. Although, static facilities are best viewed as administrative or "communicative" sense, resulting in repair cost always detracts from health delivery systems, whereas, communications centers are effective in the service delivery system.
- F. Accommodating information technology and updated transportation models are the real key to operating a system attune to tribal health needs.
- G. The deliverance of health skills is best absorbed rather than prescribed, which means less dependency on and expectations of policy manuals and conferences for training to the level necessary for a fast paced mobile society. Survival of trial and error through hands-on experience is the best 'training' in the world and will eventually overcome any lack of skilled worker pool.

#### **DRAFT HEALTH SERVICES PLAN**

With the adoption of the operating principles, we move in progress with the confidence to move forward, and offer components of a plan draft.

- A. First and foremost and with extreme reluctance it is recognized that a new facility is needed. Floor space would have to be about 5500 square feet, enough to accommodate staff of both MSTC and Cheesh'na Tribal Council and space reserved for the Health Clinic. This facility would be located in Chistochina and be on the Cheesh'na lands. In addition, extensive clinic upgrades and repairs would have to be undertaken for the Mentasta Clinic, located 56 miles away. Estimated cost at 1.2 million dollars, with annual maintenance at \$90,000.00.
- B. Information technology now maintained, contractually switch to being a service by program in MSTC and video streaming capabilities through both Manasta and Chistochina for administrative operations as well as clinical services. Initial cost, \$700,000 at an annual rate of cost of \$35,000.
- C. Providing a mid-level practitioner and mobile clinic in the area on a year around basis (no cost estimation to date).
- D. Continues health education (prevention and intervention). Environmental health, and language developments in the local school system for at least five more years. Estimated cost is \$120,000 annually.
- E. Behavioral Health models development and support facilities cost at \$4,000,000 for a three-year cycle.
- F. Regional trauma and treatment center, total cost amortized \$5.5 million. Maintenance and facility support at \$350,000 annually.
- G. Technical support cost, which includes the development of site plans, business plan, legal overview, staff and board training (primarily Anchorage related), \$52,000 annually for the duration of three years, not to include the trauma center that would develop under MSTC, but by subsidiary or with coalition of local authorities.
- H. Economic development funded initially by grants, then by direct contract and partnerships, i.e., the Wrangell St. Elias National Park.
- I. Language and cultural development. We envision a modern museum and visitors' facility located midway between Mentasta and Chistochina to eventually be self-sustaining by tourism and academic conference drawn on the immense amount of materials developed by MSTC, thus for the hard won national recognition of the cultural expertise of MSTC.

#### **SUMMARY**

Within the foreseeable future, the appropriate initial step by MSTC would be to secure funding for a multipurpose building, which will be located on tribal lands in Chistochina, Alaska, while researching and pursing other funding resources for renovation and repairs of the Mentasta Clinic.

#### **LOCATIONS AND SERVICES OF EXISTING FACILITIES**

#### **EXISTING FACILITIES**

The following MSTC health services programs serve two villages, Mentasta Lack and Chistochina, which consist of 200 eligible tribal members in accordance with 42 Chapter, Subpart 36. These programs are funded primarily through I.H.S. under a Compacting Agreement.

#### **SERVICES AT EXISTING FACILITIES**

#### Community Health Aide / Practitioner Program

MSTC maintains two I.H.S. funded village-based clinics. The following is provider and service information that is provided through this funding source.

	CHA/P	Primary	ANMC	Pharmacy			Behavioral		Elder		
Each Clinic	CHAIP	Care	Sup. Phys.	Outpt	Rad/Lab	Dental	Health *	TeleMed	Program	EMS	PHN
Chistochina	CHA II Itinerate CHA	✓	✓				✓	✓	✓	✓	✓
Mentasta Lake	CHP	<b>\</b>	<b>✓</b>				<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>

<sup>\*</sup>CHA do not provide Behavioral Health services; MSTC retains two Wellness Counselors that provide parallel services.

#### Contract Health Care

Funding through the Indian Health Services allows Mt. Sanford Tribal Consortium to provide the best health care delivery system for its service area. These funds are utilized for payment assistance and for care where other alternate resource of health care is not available, or applied supplement as the "payer of last resort" upon benefits exhausted by a primary resource. Contracted health services provided to constituents within or outside MSTC's organization:

Contracted Provider	# Constituents Served	MEDICAL SERVICE	DENTAL/SPECIALTY	OPTOMETRY SVC	AUDIOLOGY SVC
FNP	200	MSTC & Outside	Outside	Outside	Outside

#### • Community Health Representative

This program primarily serves MSTC eligible members in limited environmental and health education in conjunction with the MSTC CHA program and other supporting health programs. Services provided include, but are not limited to the following:

VILLAGE SERVED	# CHR PER VILLAGE	ELDER SERVICES	HEALTH EDUCATION	COMMUNITY OUTREACH/TRANSP.	ANIMAL VACCINES
Chistochina	1	✓	✓	<b>✓</b>	✓
Mentasta Lake	1	✓	✓	✓	✓

#### • <u>Diabetes Program</u>

Community outreach is the primary service that this program provides. MSTC Health Educator plans, coordinates, and implements scheduled education, physical activities to the communities of Mentasta Lake and Chistochina in the effort to maintain healthy lifestyles that may prevent clients from developing diabetes. Scheduled activities are done within the local school system and at the community level to the participation of all ages.

VILLAGE SERVED	OUTREACH / EDUCATION	Individual Counseling	FOOT CARE AND SCREENINGS	NUTRITION EDUCATION	PHYSICAL ACTIVITIES SUPPORT
Chistochina	✓	✓	CHA/P	✓	✓
Mentasta Lake	✓	✓	CHA/P	✓	✓

#### Injury Prevention Program

MSTC receives a grant from Indian Health Services that allows MSTC Health Educator to conduct community activities that provide safety instruction in injury prevention. This program focuses primarily on tribal youth.

	VILLAGE BASED SAFETY		STAFF TRAINING / WORK	PARENT INCENTIVE
VILLAGE SERVED	Courses	COMMUNITY ACTIVITIES	Sessions	Programs
Chistochina	✓	✓	<b>✓</b>	✓
Mentasta Lake	✓	✓	✓	✓

#### Emergency Medical Services

This program monitors the EMS requirements of the MSTC staff. The MSTC Health Educator plan, coordinates, and schedules training for employees whom require certification pertaining to each individual position held along with interested community Emergency Response Teams. This program is also responsible for the development and implementation of "Disaster Drills" in collaboration with the COPS program for MSTC employees to participate in for ensuring emergency preparedness.

Population Trained	FIRST AID	CPR/HEART SAVER	ETT
Chistochina EMS Team / Volunteer Fire Dept.	✓	✓	✓
Mentasta Lake EMS Team	✓	✓	✓
Tribal Youth (High School)	✓	✓	✓
Elementary Youth	✓		

Mt. Sanford Tribal Consortium
Community and Health Facility Data Summary

Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By	
Chisana		1	0	1	4		VMC		Δ	NMO	0		
Chistochina	Native Village of Chistochina	22	59	18	72	VC	VMC	ANMC					
Mentasta Lake	Mentasta Lake Village	86	101	114	403	VC	VMC	ANMC					
Slana		3	19	5	19		VMC	ANMC					
		112	179	138	498								

VC: Village Clinic

ANMC: Alaska Native Medical Center

VMC: Valley Medical Center

# **VISITING PROFESSIONAL SUMMARY**

Each Clinic	Professional Category	Number of visits by month
Chistochna	MD	Aug = 2
	Family Practice	Sept = 1
Mentasta Lake	MD	Jan = 6, Mar = 9
	Public Health Nurse	April = 1

# **STATEWIDE REFERRAL DELIVERY PLAN**

Each Clinic	Secondary Referral Location	Specialty Referral Location	Tertiary Referral Location
Chistochina	Crossroads	ANMC	
Mentasta Lake	Tok Clinic	ANMC	

# **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

SCF proposed policies need to include Field Tribal Supervising Managers participation for the purpose of clarification of issues and operations that are dealt with and addressed on a daily basis by Village Health Providers in the clinical practices. This includes and is not limited to one aspect of day-to-day operations.

# SOUTHEAST ALASKA

- → SEARHC Southeast Alaska Regional Health Consortium
- → KETCHIKAN INDIAN COMMUNITY
- → METLAKATLA INDIAN COMMUNITY
- → HOONAH INDIAN ASSOCIATION
- → YAKITAT TLINGIT TRIBE

#### **LOCATION**

The Southeastern Alaska service area covers about 42,000 square miles and includes the entire Southeast Alaska area except for Annette Island. It lies along a 550-mile strip of coastal land and many islands. Forming the western boundary is the Gulf of Alaska. On the north, south and east is the Canada border. The population lives on islands or on the coast, with most communities isolated by mountains, rough terrain and water. The entire region consists of thousands of islands covered with dense, deep forests of spruce, hemlock and yellow cedar. Above the timberline, alpine peaks rise to snowcaps and glaciers move slowly from the valleys to the sea.



#### **POPULATION**

The Native people of the Southeast area are primarily Tlingits, Haida, and Tsimpsian Indians. They comprise approximately 20% of the total population of the region. The economy of the region is dependent on the fishing and timber industries – which have been in decline – and the service and tourism industries. The latter jobs are located mostly in the larger communities so there has been significant movement from the smaller villages to Juneau and Ketchikan and out of the region. The current census and user populations are similar but the census-based projection is significantly less than the HSP projection:

2000 Census Count	16,350
2002 User Population	16,903
2015 Census Population Projection	16,158
2015 User Population Projection	17,717

Because of declining birth rates, the number of children in the region will decline over the next decade, while the number of elderly will increase.

# **Regional Age and Sex Distribution**

			8.4				
			IVIa	les			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	1592	1326	939	3120	644	580	8200
2015	1212	1105	859	3056	946	873	8051
Change	76%	83%	91%	98%	147%	150%	98%
			Fem	nales			
	0 - 9	10 - 17	18 - 24	25 - 54	55 - 64	65+	Total
2000	1516	1346	851	3188	587	661	8150
2015	1118	1005	837	3275	938	933	8107
Change	74%	75%	98%	103%	160%	141%	99%

# SEARHC Southeast Alaska Regional Health Consortium

#### **ORGANIZATIONAL DESCRIPTION**

SEARHC is a nonprofit, Native-administered health consortium that was established in 1975 to represent the health care needs of Tlingit, Haida, Tsimpshian and other Native and rural dwelling people of Southeast Alaska. SEARHC is governed by a Board of Directors made up of elected Native representatives from each of the 18 communities served by the Consortium. SEARHC programs and facilities serve a beneficiary population of over 13,000 individuals in SE Alaska.

SEARHC provides a broad array of health services to the Native and rural dwelling people of Southeast Alaska. Over the past 27 years, SEARHC has developed an extensive system of care in communities throughout the region. SEARHC's services include comprehensive medical, dental, behavioral health, and hospital care. SEARHC also delivers prevention, health promotion, safety, and sanitation programs and services throughout the region.

# **HEALTH SERVICES PRIORITIES**

The SEARHC Consortium developed a Strategic Plan in 1998, which provided strategies, goals and suggested initiatives in the areas of:

Priority Health Concerns

Health Services
Organization
Community

"Looking to the Future" was the next step in the evolving planning process. Providing operational objectives and an action plan, it serves as a framework for the emerging priorities. The key strategy groups are: Health Status, Health Services, Staffing, Customer Relations, Internal Operations, and Facilities. Within these six strategy groups are clusters of individual strategies- or goals- that the Consortium is striving to fulfill in the coming three to five years.

The Appendix includes these two documents in their entirety.

#### ADDITIONAL RECOMMENDATIONS OR CHANGES FOR SERVICES, FACILITIES

- New clinic in Angoon (2004)
- Remodel of clinics in Haines and Klawock (2004)
- New clinic to be constructed in Klulwan
- New MRI unit to be installed at Mt. Edgecumbe Hospital

Southeast Alaska Regional Health Consortium Community and Health Facility Data Summary

		Community and	d Health	Facilit	y Data	Summ	ary						
Community		ederally gnized Tribe	2002 User Pop.	2000 AN/Al Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Angoon Service Area													
Angoon	Angoon Cor	nmunity Assoc.	410	494	455	1569	VC	Mt. E.	Mt. E.	ANMC	Ν	1t. E.	
Hobart Bay			0	1				Mt. E.	Mt. E.	ANMC	Ν	1t. E.	
Unspecified				6				Mt. E.	Mt. E.	ANMC	Ν	1t. E.	
Haines Service Area													
Haines	Chilkoot Ind	ian Association	439	348	480	1728	SRC	вмн	Mt. E.	ANMC	Ν	1t. E.	
Klukwan	Chilkat India	an Village	32	123	25	95	VC	вмн	Mt. E.	ANMC	Ν	1t. E.	
Mosquito Lake		0	19				вмн	Mt. E.	ANMC	Ν	1t. E.		
Skagway	Skagway Vi	52	44	21	86		вмн	Mt. E.	ANMC	N	1t. E.		
Unspecified		0	6				вмн	Mt. E.	ANMC	N	1t. E.		
Hoonah Service Area													
Cube Cove			0	1				вмн	Mt. E.	ANMC	Ν	1t. E.	
Gustavus			11	35	9	34		вмн	Mt. E.	ANMC	N	1t. E.	
Hoonah	Hoonah Ind	ian Association	587	597	435	1611	VC	ВМН	Mt. E.	ANMC	N	1t. E.	
Tenakee			13	5	7	34		вмн	Mt. E.	ANMC	N	1t. E.	
Unspecified			0	3				BMH	Mt. E.	ANMC	N	1t. E.	
Juneau Service Area													
Auke Bay			40		21	68		ВМН	Mt. E.	ANMC		JMC	
Douglas	Douglas Ind	ian Association	161		139	482		ВМН	Mt. E.	ANMC		JMC	
Juneau			3865	5084	4377	15046	HC	ВМН	Mt. E.			JMC	
Juneau Valley			728		764	2719		ВМН	Mt. E.	ANMC		JMC	
Kake Service Area													
Kake	Organized \	/illage of Kake	536	530	612	2135	HC	Mt. E.	Mt. E.	ANMC	M	1t. E.	
Port Alexander			0	11	1	2			Mt. E.			1t. E.	
Unspecified  Mt. Edgecumbe Service  Area			0	3				Mt. E.	Mt. E.	ANMC	N	1t. E.	
Sitka	Sitka Tribe	of Alaska	2633	2178	2853	9821	Hosp.	Mt. E.	Mt. E.	ANMC	Ν	1t. E.	
Unspecified			3					Mt. E.	Mt. E.	ANMC	Ν	1t. E.	
Hosp: Hospital		Mt. E: Mt. Edgec	umbe Ho	spital			вмн:	Bartlett	Memo	rial Hosp	oital		
SRC: Subregional Clinic													
VC: Village Clinic		JMC: SEARHC M	ledical-D	ental Cli	nic, Jun	eau	WGH:	Wrang	jell Gen	eral Hos	pital		
							i	_	_				_

ANMC: Alaska Native Medical Center | ARHC: Alicia Roberts Medical Center, Klawock

Data continued on next page 🗲

Southeast Alaska Regional Health Consortium Community and Health Facility Data Summary

	Community and	i Healtr	Facili	ty Data	Summ	ary						
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility Type		Inpatient Services Provided By		Laboratory Services Provided By	Pharmacy Services Provided By	Radiology Services Provided By
Pelican Service Area	-											
Elfin Cove		1	0		10		Mt. E.	Mt. E.	ANMC	N	∕lt. E.	
Game Creek		0	3				Mt. E.	Mt. E.	ANMC	N	∕lt. E.	
Pelican		63	42	38	133	VBC	Mt. E.	Mt. E.	ANMC	N	/lt. E.	
Unspecified Petersburg Service Area		0	8				Mt. E.	Mt. E.	ANMC	N	∕lt. E.	
Petersburg	Petersburg Indian Assoc.	194	388	221	787		PGH	Mt. E.	ANMC	Ν	∕lt. E.	
Unspecified Prince of Wales Island Svc Area		0	14				PGH	Mt. E.	ANMC	N	∕lt. E.	
Coffman Cove		5	12	8	30		KGH	Mt. E.	ANMC	Α	RMC	;
Craig	Craig Community Association	426	432	469	1610		KGH	Mt. E.	ANMC	Α	RMC	;
Edna Bay		0	2		0		KGH	Mt. E.	ANMC	Α	RMC	;
Hollis		0	13	2	10		KGH	Mt. E.	ANMC	Α	RMC	;
Hydaburg	Hydaburg Cooperative Assoc.	296	342	360	1240	VC	KGH	Mt. E.	ANMC	Α	RMC	;
Hyder		0	4				KGH	Mt. E.	ANMC	Α	RMC	;
Kasaan	Organized Village of Kasaan	31	19	28	101	VC	KGH	Mt. E.	ANMC	Α	RMC	;
Klawock	Klawock Cooperative Assoc.	476	496	519	1818	SRC	KGH	Mt. E.	ANMC	Α	RMC	;
Meyers Chuck		0	2						ANMC		RMC	
Point Baker		6	3	7	22				ANMC		RMC	
Port Alice		1		1	2				ANMC		RMC	
Port Protection		0	7						ANMC		RMC	
Thorne Bay		10	27	12	45				ANMC		RMC	
Whale Pass		4	2	3	4				ANMC		RMC	
Unspecified		6	131				KGH	Mt. E.	ANMC	Α	RMC	
Wrangell Service Area												
Wrangell	Wrangell Cooperative Assoc.	335	550	352	1338				ANMC		∕lt. E	
Unspecified			10				WGH	Mt. E.	ANMC	ľ	∕lt. E	
Yakatat Service Area	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						<b></b>			_	. <del>-</del>	
Yakutat	Yakutat Tlingit Tribe	392	375	276	981	HC	IBMH	Mt. E	ANMC	ľ	∕lt. E	
TOTAL		11,756	12,370	12,495	43,561							

# **LOCATION AND SERVICES OF EXISTING FACILITIES**

# **EXISTING FACILITIES**

HEALTH FACILITY (Building #)	<b>Size</b> (Sq Ft)	LOCATION	YEAR CONSTRUCTED (ESTIMATED)
PHS-2	1170	Mt. Edgecumbe Hospital Sitka Campus	1950
PHS-3	1170	Mt. Edgecumbe Hospital Sitka Campus	1950
PHS-4	1170	Mt. Edgecumbe Hospital Sitka Campus	1950
PHS-5	1190	Mt. Edgecumbe Hospital Sitka Campus	1950
201	2335	Mt. Edgecumbe Hospital Sitka Campus	1942
203	2335	Mt. Edgecumbe Hospital Sitka Campus	1943
204	2335	Mt. Edgecumbe Hospital Sitka Campus	1943
205	3820	Mt. Edgecumbe Hospital Sitka Campus	1943
207	4265	Mt. Edgecumbe Hospital Sitka Campus	1943
208	4265	Mt. Edgecumbe Hospital Sitka Campus	1943
209	4265	Mt. Edgecumbe Hospital Sitka Campus	1943
210	4265	Mt. Edgecumbe Hospital Sitka Campus	1943
212	31625	Mt. Edgecumbe Hospital Sitka Campus	1940
224	5610	Mt. Edgecumbe Hospital Sitka Campus	1940
228	120935	Mt. Edgecumbe Hospital Sitka Campus	1943/1950
229	1103	Mt. Edgecumbe Hospital Sitka Campus	UNK
Juneau Medical Ctr	32150	Juneau	2003
Old Juneau Clinic	12950	Juneau	1987
Juneau Administration	13490	Juneau	1987
Alicia Roberts Med Ctr	6770	Klawock (Sq ft will increase in 2004 to	UNK
Kake Clinic	3290	Kake	UNK
Angoon Clinic	1948	Angoon (Sq ft will increase in 2004 to	UNK
Haines Clinic	4230	Haines (Sq ft will increase in 2004 to	1967
Hydaburg Clinic	2970	Hydaburg	UNK
Yakutat Clinic	3336	Yakutat	UNK
Kasaan Clinic	441	Kasaan	UNK
Pelican Clinic	1227	Pelican	UNK
Klukwan Clinic	1044	Klukwan (Sq ft will increase in 2004 to	UNK

# SERVICES PROVIDED AND STAFFING AT EXISTING FACILITIES

The Mt. Edgecumbe Hospital provides the following services:

- ✓ 49 inpatient beds, including labor and delivery, critical care services, subacute care, and acute care.
- ✓ Inpatient and Outpatient Surgery with two operating rooms
- ✓ Primary care with 12 exam rooms
- √ Specialty Clinics
- ✓ Emergency Care
- ✓ Dental Services
- ✓ Audiology
- ✓ Optometry Services
- ✓ Diagnostic Imaging including radiography, fluoroscopy, ultrasound, mammography, CT, and bone densitometry. MRI will be added in FY04.
- ✓ Laboratory
- ✓ Pharmacy
- √ Physical Therapy
- ✓ Mental Health

- Social Work
- √ Substance Abuse Counseling
- √ Health Education
- ✓ Nutrition
- ✓ Respiratory Therapy
- ✓ Dietary Services
- ✓ WIC
- √ Biomed Services
- √ 415 Employees

# The Juneau Medical Center provides the following services:

- ✓ Primary Care with 30 exam rooms
- √ Specialty Care
- ✓ Dental Services
- ✓ Audiology
- ✓ Optometry Services
   ✓ Diagnostic Imaging including radiography, ultrasound, and mammography
- ✓ Laboratory
- ✓ Pharmacy
- ✓ Mental Health
- √ Health Education
- ✓ Nutrition
- ✓ WIC
- √ Biomed Services
- √ 174 Employees

		Type	of Servi	ces Prov	ided Per	Year Pe	r Clinic -	- 2003	
Field Sites/ Services Number of Staff	Alicia Roberts Medical Center 41	Angoon Health Center	Haines Health Center	Hydaburg Health Center 5	Kake Health Center	Klukwan Health Center	Pelican Health Center	Tenakee Springs Health Center	Thorne Bay Health Center 2
Number of Staff	41	_	30	3	10	ı	<u> </u>	1	
Audiology	2	1x every other yr	2	0	1	0	0	0	0
Behavioral Health/CFSW	On-site	On-site	On-site	On-site	On-site	Onsite	1	0	0
Clinician									
Counseling	On-site	7	On-site	Weekly	7	Weekly	3	0	0
CHA/P	On-site	On-site	0	On-site	On-site	On-site	On-site	On-site	On-site
Dermatology	0	0	1	0	0	0	0	0	0
Dental	On-site	11	On-site	Weekly + DHA*	8 + DHA*	0	2	2	0
Dental Hygienist	On-site	4	On-site	Weekly	4	0	2	2	0
Diabetes Educator	On-site	0	2	0	0	0	0	0	0
Diabetes Team	1	0	0	0	0	0	0	0	0
Dietician	3	0	5	0	0	0	0	0	0
ENT	2	1	2	0	1	0	0	0	0
Health Promotion	On-site	On-site	On-site	On-site	On-Site	From Haines	0	0	0
Internal Medicine	2	0	2	0	0	0	0	0	0
Mammography	10 days	1	2	0	1	0	0	0	0
Midlevel Provider	On-site	On-site	On-site	Weekly from ARMC	On-site	Weekly from Haines	2	0	On-site
Ophthalmology	1	0	0	0	0	0	0	0	0
Optometry	2	2	2	0	2	0	0	0	0
Orthopedic	4	0	0	0	0	0	0	0	0

0

0

0

		Type of Services Provided Per Year Per Clinic - 2003										
Field Sites/ Services	Alicia Roberts Medical Center	Angoon Health Center	Haines Health Center	Hydaburg Health Center	Kake Health Center	Klukwan Health Center	Pelican Health Center	Tenakee Springs Health Center	Thorne Bay Health Center			
Number of Staff	41	8	30	5	10	1	1	1	2			
Pediatrics	1	0	2	0	0	0	0	0	0			
Pediatric Dental	2	2	1	0	2	0	0	0	0			
Pharmacy	On-site	0	On-site	0	0	0	0	0	0			
Physician	On-site	6	On-site	0	6	0	3	3	0			
Primary/Emergent												
Care	On-site	On-site	On-site	On-site	On-site	On-site	On-site	On-site	On-site			
Psychiatry	0	0	0	0	0	0	0	0	0			
Rheumatology	2	0	0	0	1	0	0	0	0			
Ultrasound	0	0	10	0	0	0	0	0	0			
Women's Health	On-site	On-site	On-site	On-site	On-site	On-site	On-site	On-site	On-site			

#### PRIMARY SERVICE DELIVERY PLAN

Please refer to the previously provided Strategic Plan for information on service delivery. As indicated in Question 3, several clinic are undergoing remodel and/or new clinics are being built. Angoon will receive a new clinic in 2004. Haines and Klawock will undergo significant remodels in 2004. Funding has been received for a new clinic in Klukwan, as well. None of these construction projects will result in new staff for these clinics. A significant service delivery change will be the addition of an MRI at Mt. Edgecumbe Hospital. This is expected to be operation in FY04. One additional position was funded in the Radiology Department for this service. No other significant service delivery changes are expected.

Please review the attached strategic plans for more information on service delivery.

# VISITING PROFESSIONAL SUMMARY

#### MT. EDGECUMBE HOSPITAL

Dermatology - 3 or 4 times a year

Dermatology - twice a year

Cardiac - two or three times a year

Cardiac - twice a year

Urology - 5 times a year

Rheumatology - twice a year

Orthopedic - 4 times a year

Orthopedic - 4 times a year

Hand Clinic - twice a year

Hepatology - once a year

Pediatric Neurology - twice a year

Neurology - three times a year

Ophthalmology - 5 times a year

#### JUNEAU MEDICAL CENTER

Audiology/ENT - 6 times a year

Cardiology – 2 times a year

Cardiac Echo - once a year

Dermatology – 4 times a year

Gynecology – 4 times a year

Healing Touch – Daily (M-F) for a total of 2 hours a day

Hepatology – two times a year

Neurology – 3 times a year

Orthopedics - 5 times a year

Orthopedics Hand - once a year

Pediatrics – 4 times a year

Rheumatology - 3 times a year

Urology – 5 times a year

Internal Medicine – 2 times a year

Clinic services visits are noted in the preceding chart "Type of Services Provided Per Year Per Clinic- 2003"

#### STATEWIDE REFERRAL DELIVERY PLAN

Mt. Edgecumbe Hospital is the primary referral center for the village clinic within the MEHSU. Patients that cannot be managed at MEH or require specialty or tertiary care are referred to the Alaska Native Medical Center.

#### **CONTRACT HEALTH SERVICE RECOMMENDATIONS**

The main concern in relation to Contract Health is lack of adequate funding. Another existing problem is a lack of consistent eligibility guidelines throughout the Alaska Area.

# KIC KETCHIKAN INDIAN COMMUNITY

# **LOCATION**

In lower Southeastern Alaska, Ketchikan, is nestled on the southwest side of Revillagigedo Island, a 550 mile strip of coastal lands and islands with the Pacific Ocean on the west and Canada on the north, couth and east boarder. Revillagigedo Island lies on the Tongass Narrows opposite Gravina Island.

#### **ORGANIZATIONAL DESCRIPTION**

The Ketchikan Indian Community assumed management of health care services to Alaska Native/ American Indian residents of the Ketchikan Gateway Borough as of October 1, 1997. Beginning October 1, 1998, Saxman Village residents began receiving their health care at this facility.

# **HEALTH SERVICES PRIORITIES**

Ketchikan Indian Community
Community and Health Facility Data Summary

	Community and mean		, –		<b>-</b>	٠. ,					
COMMUNITY	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By Pharmacy Services Provided By	Services
Ketchikan	Ketchikan Indian Corporation	2571	1802	2893	9919	НС	KGH	KGH/Mt. E	. ANMC	KIC	KGH
Ketchikan Suburbs		2	0	1	4		KGH	KGH/Mt. E	. ANMC	KIC	KGH
Ward Cove		135	57	1	4		KGH	KGH/Mt. E	. ANMC	KIC	KGH
Saxman	Organized Village of Saxman	245	302	261	914		KGH	KGH/Mt. E	. ANMC	KIC	KGH
Unspecified			528				KGH	KGH/Mt. E	ANMC	KIC	KGH
Total		2953	2689	3156	10841						

HC: Health Center

Mt. E: Mt. Edgecumbe Hospital KGH: Ketchikan General Hospital ANMC: Alaska Native Medical Center KIC: Ketchikan Tribal Health Center

# **LOCATION AND SERVICES OF EXISTING FACILITIES**

# **EXISTING FACILITIES**

Health Facility	Size of Facility (Sq feet or Sq meters)	Location	Year Constructed
Ketchikan Tribal Health Clinic			

# **SERVICES PROVIDED**

Health Facility	Services Provided	# of Staff						
Ketchikan Tribal Health Clinic	Primary Care							
	Specialty (Dermatology, Diabetes)							
	Dental (full service)							
	Audiology							
	Eye							
	Radiology – Dental only							
	Laboratory (Hematology, Chemistry, Urine, Microbio)							
	Pharmacy							
	Physical Therapy (30 hr/week)							
	Mental Health							
	Social Work							
	Substance Abuse Counseling							
	Health Education							
	Nutrition							

# PRIMARY SERVICE DELIVERY PLAN

Not noted.

# **VISITING PROFESSIONAL SUMMARY** (NIPRS IA Report, FY03)

	Professional Category	NUMBER OF VISITS BY MONTH			
Ketchikan Tribal Health Clinic	Total Primary Care Visits	Oct (2825), Nov (2434), Dec (2380), Jan (2827), Feb (2651), Mar (2820), Apr (2972), May (2776), June (2303), July (2424), Aug (2426), Sep (2748)			

# STATEWIDE REFERRAL DELIVERY PLAN

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
	Mt. Edgecumbe/ ANMC	ANMC

# CONTRACT HEALTH SERVICES RECOMMENDATIONS Not noted.

#### **METLAKATLA INDIAN COMMUNITY**

# **LOCATION**

Annette Island (Metlakatla Indian Community)

The Annette Island Indian Reservation lies in the southernmost portion of the Alexander Archipelago in Southeast Alaska. This 136 square mile reservation is about 680 air miles north of Seattle and 900 air miles south of Anchorage. The major island of the reservation is Annette Island, which measures 10 miles wide by 20 miles long. Like most islands in Southeast Alaska, Annette has a rugged, mountainous topography. Swampy, muskeg soils and dense rain forests cover low-lying areas and large lakes occupy former glacial valleys.

#### **ORGANIZATIONAL DESCRIPTION**

In October 1981, the Annette Island Indian Health Center began providing a full range of outpatient medical and dental services to the town of Metlakatka and Annette Island. On July1, 1988, the Metlakatla Indian Community assumed responsibility for health care under a P.L. 93-638 contract.

# **HEALTH SERVICES PRIORITIES**

Metlakatla Indian Community
Community and Health Facility Data Summary

	Community and	. icaiti	i i uo	iiity D	ata O	<b>ч</b>					
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/Al Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Type	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By Pharmacy Services Provided By	Radiology Services Provided By
Metlakatla Unspecified	Metlakatla Indian Community	1214 1	1233 58	1355	4654	НС		Mt.E, KGH Mt.E, KGH		MHC MHC	
Total		1215	1291	1355	4654						

HC: Health Center

Mt. E: Mt. Edgecumbe Hospital KGH: Ketchikan General Hospital ANMC: Alaska Native Medical Center MHC: Metlakatla Health Center

#### **LOCATION AND SERVICES OF EXISTING FACILITIES**

# **EXISTING FACILITIES**

Health Facility	Size of Facility (Sq feet or Sq meters)	Location	Year Constructed
Metlakatla Health Center			

# **SERVICES PROVIDED**

Health Facility	Services Provided	# of staff
Health Facility	Services Frovided	# UI Stall
Metlakatla Health Center	Primary Care	
	Dental	
	Laboratory	
	Radiology	
	Emergency and Urgent Care	
	Pharmacy	
	Physical Therapy	
	Mental Health	
	EMS	
	CHR	

# PRIMARY SERVICE DELIVERY PLAN

Not provided

# **VISITING PROFESSIONAL SUMMARY**

	Professional Category	NUMBER OF VISITS BY MONTH
Metlakatla Health Center		

# STATEWIDE REFERRAL DELIVERY PLAN

	Secondary	Specialty	Tertiary
	Referral Location	Referral Location	Referral Location
Metlakatla	Mt. Edgecumbe/		
Health Center	Ketchikan General		
	Hospital	ANMC	ANMC

# CONTRACT HEALTH SERVICES RECOMMENDATIONS None noted.

# HOONAH INDIAN ASSOCIATION HOONAH HEALTH CENTER

# **LOCATION**

Hoonah is a Tlingit community located on the northeast shore of Chichagof Island, 40 air miles west of Juneau.

#### **ORGANIZATIONAL DESCRIPTION**

The Hoonah Indian Community began operating the Hoonah Medical Center and the village health aide program in December 1996.

# **HEALTH SERVICES PRIORITIES**

Hoonah Indian Community
Community and Health Facility Data Summary

	Community and	leadin		2015			iai y	Provided By	ded By	Provided By	Provided By	Provided By
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to	PCPV Projected to 2015	Existing Health Facility	Nearest Hospital	Inpatient Services Prov	Tertiary Services Provided	Laboratory Services Pr	Pharmacy Services Pro	Radiology Services Pro
Hoonah	Hoonah Indian Association	587	597	435	1611	VC	Mt	. E	ANMC	ı N	∕lt. E	-
Total		587	597	435	1611	J						

VC: Village Clinic

Mt. E: Mt. Edgecumbe Hospital
ANMC: Alaska Native Medical Center

# **LOCATION AND SERVICES OF EXISTING FACILITIES**

# **EXISTING FACILITIES**

Health Facility	Size of Facility (Sq feet or Sq meters)	Location	Year Constructed
Hoonah Health Center			

# **SERVICES PROVIDED**

Health Facility	Services Provided	# of Staff
Hoonah Health Center	СНА	
	CHR	
	Mental Health	

# PRIMARY SERVICE DELIVERY PLAN

Not provided

# **VISITING PROFESSIONAL SUMMARY PLAN (NIPRA 1A REPORT)**

Health Facility	Professional Category	NUMBER OF VISITS BY MONTH
Hoonah Health Clinic	MD	(Oct - 72), (Nov -1) (Dec - 44), (Jan -1), (Feb - 21), (Mar - 10), (Apr - 40), (May - 5), (Jun - 54), (Jul - 3), (Aug -27)
	Orthopedist	(Jul - 1)
	Ophthalmologist	(Oct -1)
	Family Practice	(Feb -1)

# STATEWIDE REFERRAL DELIVERY PLAN

HOONAH HEALTH CLINIC

Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
Mt. Edgecumbe	Mt. Edgecumbe/ANMC	ANMC

# **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

None noted.

# YAKUTAT TLINGIT TRIBE YAKUTAT COMMUNITY HEALTH CLINIC

#### **LOCATION**

Yakutat is isolated among the lowlands along the Gulf of Alaska, 225 miles northwest of Juneau and 220 miles southeast of Cordova. It is at the mouth of Yakutat Bay, one of the few refuges fro vessels along this stretch of coast. The Hubbard and Malaspina Glaciers are nearby.

# **ORGANIZATIONAL DESCRIPTION**

# **HEALTH SERVICES PRIORITIES**

Yakutat Tlingit Tribe
Community and Health Facility Data Summary

	Community and Health	acii	ity L	ala	Su		ıaı y					
Community	Federally Recognized Tribe	2002 User Pop.	2000 AN/AI Census Pop.	User Pop. Projected to 2015	PCPV Projected to 2015	Existing Health Facility	Nearest Hospital	Inpatient Services Provided By	Tertiary Services Provided By	Laboratory Services Provided By		Radiology Services Provided By
Yakutat	Yakutat Tlingit Tribe	392	375	276	981	НС	вмн	Mt. E	ANMC	Mt. E	Mt. E	Mt. E
Total		392	375	276	981							

HC: Health Center

Mt. E: Mt. Edgecumbe Hospital ANMC: Alaska Native Medical Center BMH: Bartlett Memorial Hospital

# **LOCATION AND SERVICES OF EXISTING FACILITIES**

# **EXISTING LOCATIONS**

Health Facility	Size of Facility (Sq feet or Sq meters)	Location	Year Constructed
Yakutat Community Health Clinic			

# SERVICES PROVIDED

Health Facility	Services Provided	Number/type of staff
Yakutat Community Health Clinic	Primary care	
	СНА	
	Elderly care	
	Health Education	
	EMS	
	Mental Health	

# PRIMARY SERVICE DELIVERY PLAN

Not provided.

# **VISITING PROFESSIONAL SUMMARY (NPIRS 1A REPORT)**

Health Facility	Professional Category	NUMBER OF VISITS BY MONTH
Yakutat Community Health Clinic	Family Practice	Oct (6), Nov (55), Dec (12), Jan (3), Feb (21), Mar (17), Apr (1), May (39), Jun (8), Jul (6), Aug (43), Sep (2())
	PA	Jun (2), Jul (1), Aug (1)
	Optometrist	July (15)
	Pharmacist	Oct (1)
	Internal Medicine	July (1)
	Family Practice	Oct (62), Jan (44), Apr (37), July (56), Sept (1)
	PA	Feb (1)

# STATEWIDE REFERRAL DELIVERY PLAN

Yakutat Community Health Clinic

Casandani	Charioltu	Toution
Secondary	Specialty	Tertiary
Referral Location	Referral Location	Referral Location
Mt. Edgecumbe	Mt.Edgecumbe/ ANMC	ANMC

# **CONTRACT HEALTH SERVICES RECOMMENDATIONS**

None noted.